VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

05835

74 Reg. Dist. No ..

1. PLACE OF DEATH: County Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Hannitta	n	Maryland County Worcester
City or town	its, write RURAL and give neares	st town) Snow Hill
How tong In above place of death? Yea	r, 3 months,	15 dayscity or town
Hospital, Institution, or street address where de	eath occurred:	
MARYLAND TUBERCU	LOSIS SANATOR	(If rural, give LOCATION)
COLORED BRANCH,	HENRYTON, MD.	2.(a) If veteran, name war.
3. (a) FULL NAME		3. (b) Social Security Number
J. (b) I OLD HAML	ELNORA ANTI	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or div	MEDICAL CERTIFICATION
female col.	married	20. DATE OF DEATH. June 27, 19. 46, at 6:10 M
6.(b) Name of husband or wife. Fred	Anthony	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Raine of Hosbana of Wife		57 March 12, 19 45, June 27, 19 46
7. Birth date of Dogomb		and that I last saw her allve on June 27, 19 46
deceased (mo., day, yr.) Decemb	191 a 10a0	Immediate cause of death
8. AGE: Years Months	Days If less than one day	Pulmonary Tuberculosis Sept.
47 6	18hrs	
Shadboro.	N.C.	Que to
9. Birthplace Shadboro, (Town. c	ounty, and state)	
10. Usual occupation. Worker	in Canning Fa	
		Due to
11. Industry or business	1	
置 12. Name Skinner Wal	ker.	Other conditions
Z 13. Birthplace Unknown		(include pregnancy within 3 months of death)
E 14. Maiden name Emma Lai	mb	
Unknown		Major fiadings of aperations.
15. Birthglace Unknown		Date of op.
16. Informant Deceased		Antapsy results.
Address		PHYStCIAN: Please underline the cause to which death should be charged statistically.
B 0	Date thereof 6 30	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or remail. Which?)	Date thereof(month) (day	) (year) Accident, suicide, or homicide
Cemetery or crematory Smow	Hell Carnete	Where did injury occur? (City or town) (County) (State)
2/2	00 000	(City of town) (County)
Location SMOUTHU	A /	Injured at home, farm, industry, public place (where?)
18. Funeral director Hearne	& Dennes	Means of Injury Injured at work?
Address Snow Hil	e Ind.	23. SIGNATURE Roubell Holling, m, D.
June 27, 19 46	11 B. 10 B.	M. D. or other
(Date rec'd by registrar)	Deputy Loca	Al Registrar Address Henryton, Md. Date signed 6-27-46



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No. 72		
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Henryton	State Maryland County		
How long in above place of death? 2 months, 20 days	City or town. Baltimore (if outside city or town limits, write RURAL and give nearest town)		
Maryland Tuberculosis Sanatorium	Street No. 1347 N. Carey Street		
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
Colored Branch, Henryton, Md	2.(a) If voteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ARTHUR BANKS	5.(0)		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored single	June 21 46 10.00F		
mate   colored mange	20. DATE OF DEATH. June 21, 19.46 at 10.00 E		
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	April 1, 46 June 21 1,46		
	and that I last saw h 1 m alive on June 21,		
deceased (mo., day, yr.)  March 28, 1919	Immediate cause of death		
8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis Dec.		
27 2 23hrs, min.	1945		
Reltimore Md.			
9. Birthplace (Town, county, and state)	Due to.		
None			
1D. Usual occupation	Due to		
11. industry or business			
F 12. Name. Grover Banks	Other conditions.		
Grover Banks  12. Name			
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations		
15. Birthplace Luenburg County, Va.	Date of op.		
Deceased	Autopsy results.		
16, laformant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address			
Berrial " Boto thornel 6-26-46	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burhal, cremation, or remays). Which?)  Date thereof	Accident, suicide, or homicide		
Cemetery or crematory MIT austrum	Where did injury occur?		
Bolt in Pit	Injured at home, farm, Industry, public place (where?)		
Location A Control Control			
18. Funeral director Set S. Tellaer	Maans of injury Injured at work?		
1203 De 11	1 4/100		
Address / S Messeman . T	23. SIGNATURE Lealer Hoffman, m.D.		
19. 6/21 19 46 alberth Swandhas	M. D. or other		
(Date rec'd by registrar) Deputy Local Registrar	Henryton, Md. Date signed 6/21/46		

JUN 26 1946
BUREAU V.S.)

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A SECURITY OF THE PARTY OF THE

1 110 78

(15837 Reg. Dist. No. 74

|--|

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Henryton	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore		
How long in above place of death? 1 month, 28 days  Maryland Tuberculosis Sanatorium	City or town Baltimore  (If outside city or town limits, write RURAL and give near  109 S. Bond Street  ((Course, give LOCATION))	rest town)	
Colored Branch, Henryton, Md.	(If rural, give LOCATION) NO 2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security 1	Number	
GEORGE ALEXANDER BANKS	212-12-772	0	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
		0 704	
male   colored   single	20. DATE DE DEATH June 1, 19 46	9.5UA	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea April 3, 1946 to June 1,	sed from	
	and that flast saw h imalive on June 1,	,,46	
7. Sirth date of deceased (mo., day, yr.) May 12, 1903			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	Aug.	
43 0 · 19hrsmin.	A.	1945	
1			
9. Birthplace	Due to	***************************************	
1.9norer		***************************************	
1D. Usual occupation	Due to	***************************************	
11. Industry or business			
Ellias Dishroom  13. Birthplace Annapolis, Md.	Other conditions		
13. Birthplace Annapolis, Md.	(Include pregnancy within 3 months of death)		
14. Maiden name Lula Turner			
14. Malden name Lula Turner  15. Birthplace Annapolis, Md.	Majur fiadings of operations		
	Date of op.		
16. Informant	Autopay results		
Address		SERVINGERDY.	
Built June 5, 1946	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, cremation, or removal, Which?)  Dale thereof (month) (day) (year)	Accident, sulcide, or homicide		
Cometery or crematory met Calvery Cen	Where did injury occur?	(State)	
	Injured at home, farm, industry, public place (where?)		
Location			
18. Funeral director Morey O, Wilson	Means of Injury Injured at work?		
Address / DD Brantles we	1/ 1 4600 200		
	23. SIGNATURE Couleur Goffman m.D.	rother	
19. 6/1 (Oste rec'd by registrar) 19.46 (Oste rec'd by registrar)		6/1/46	
(Date rec'd hy registrar) DEPUTAL LOCAL . Registrar	Address Date signed		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 32

### CERTIFICATE OF DEATH

11	55	2	0	
U	00	2	0_	V
Reg.	Dist.	No		

#	CERTIFICAL	Reg. Dist. No.
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town (if outside city or town limits, write RURAL and givy nearest town)	State County
	How long in above place of death?	City or town (If outside city or town that's, write RUCAL and give nearest town)
4	Hospital, Institution, or street address whose feath occurred:	Street Hoff 00 y northern Pashenay.
7	Springfild Dull Hay Gull	(If rural, give LOCATION)
	How long in homestor institution?	2.(a) If veteran, name war
	Mary K 19	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a)Single, mayled, wildowed or divorced	MEDICAL CERTIFICATION
	Widowed.	20. DATE OF DEATH SULL 17 th 1946, at 6 PM
	6.(b) Name of husbend or wife	21. I CERTIEN that death occurred on the date above stated; that attended deceased from
	7. Sirth date of The Sirth dat	and that I last saw h
	deceased (mo., day, yr.)  8. AGE: Years Months   Days   If less than one day	Immediate cause of death
	8. AGE: 1943 / Days IT ress than one day	De la
	Relf- Sud	cresal removing 24 hrs
	9. Sirthplace (Cown, county, and state)	Due to.
	1B. Usual occupation	Due Chr. Mystardsha
	11. Industry or bysiness	10 year
	12. Hame Hulliam Uslingary	Dither conditions fy flatles the first fir
	13. Birthplace M.A.	(Include pregnancy within 8 months of death)
	14. Malden name. Many  15. Sirthplace  MAN	Major findings of operations
	\$ 15. Birthplace	
	16. Informant C. Sharry Dansey	Antopsy results
	Address O of Northern Parkury my	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal. Which?)  Bate thereof 5 40 4.5  (month) (day) (year)	Accident, suicide, or homicide
	cemetery or crematery. No kir Cathodra	Where did injury occur?
	Location Old Frederick Rd	Injured at home, farm, Industry, public place (where?)
	18. Funeral director Martin M. E. Dippelishin	Means of Injury Injured at work?
	Address 7110 B. Quei Rel	My Du to him
	Was No 11 0- 1	23. SIGNATURE M. D. protter
	19, (Date rec'd by registrar) Om Registrar	Address Jy Blasselle MM Bate signed 11 7 14 6.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0)

# CERTIFICATE OF DEATH

Reg. Dist. No	14
15839	-11

1. PLACE OF DEATH: County Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
City or town Sykesville	THE A	State Maryland Coun		**************
How long in above place of death? 10 days	UKAL and give hearest town)	City or town. Tows on (If outside city or town limits,	write RIIRAL and give near	ost town)
Hospital, Institution, or street address where death occurred		Street No. York Road	write NORME and give hear	est town,
Springfield State Hos		(If rural, give l	LOCATION)	
How long In hospital or Institution? 10 days.		2.(a) If veteran, name war		<u></u>
3. (a) FULL NAME			3. (b) Social Security N	lumber
CHARLES HE				
	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male white se	parated	20. DATE OF DEATH June 8	146	6:00p.M
6.(b) Name of husband or wife Ethel Over		21. I CERTIFY that death occurred on the date above May 29		
7. Birth date of		and that I last saw h im alive on June		
deceased (mo., day, yr.) October 31	11884	Immediate cause of death	i	DURATION
8. AGE: Years Months Days	If less than one day	Chronic Myocarditis		unkn
6177 3 8	hrsmln.			
9. Birthplace Baltimore Md. Town, county, and s	utate)	Due toGeneralized Arter	riosclerosis	unkn
10. Usual occupation laborer ret		Due 1 Fracture of orbital Con		*
	rardener	dental fall.		
		Other conditions Central Nervo		****
E 12. Name Charles Herbert Be	·····			unkn.
		Syphilis (Include pregnancy within 3 m	onths of death)	UIII .
14. Maiden name Sally Gordo n 15. Birthplace Penna.	***************************************	Major Sindings of sportions also, laceno	ition of the poster	
≥ 15. Birthplace Perilia.		parietal region.	Date of op	
16. informant Hospital records		Autopsy results sulmanary Embal	i tractine of 1	I tal forces
Address		PHYSICIAN: Please underline The cause to whi		tatistically.
47 Page 4 - 7 Pale (ber	June 11:1946	22. VIOLENCE: If death was due to external caus		or be constit
(Burial, cremation, or removal, Which?)	of June 11, 1946 (month) (day) (year)	Accident, suicide, or homicide. Occident.		
Cemetery or crematory	scopal Cem	Where did injury occur? Supposible (City or town)	(County)	(State)
	Balto. Vo. Md.	Injured at home, farm, industry, public place (wh	ere? Springfield State	Hospital.
Hasa Bussian	1 mis-	Means of injury fell, while under sedat	Injured af work?	0
18. Funeral director	Automatic	0 01	1 5. 1.1	1 . 0
Address Towson	brylond	23 SIGNATURE Could A	. Cichert	M.D.
10 6 411 . 46 CC	Alden!	1	M. D. o	
(Date rec'd by registrar)	Registrar	Address Sykesville, Md,	Date signed.6	-8-46

2411 N. Charles St., Baltimore 134

05840

CERTIFICATE	OF	DEATH

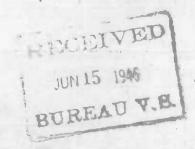
Reg. Diat. No. 74

1. PLACE OF DEATH:  County	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male   col.   married	20. DATE OF DEATH June 13, 19.46 , 10:40 m		
6,(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from  June 13, 1946, 10 June 13, 1946.  and that I last eaw h. im. alive on June 13, 1946.  DURATION		
8. AGE: Yeare   Months   Days   It lees than one day	Pulmonary Tuberculosis Unknown		
45 ? ?hrsmin.			
Westminster, Md.  10. Usual occupation  11. Industry or business    12. Name	Due to		
	(Include pregnancy within 3 months of death)		
14. Maiden name Unknown Unknown Unknown	Major findings of operations.		
16. Informant Deceased  Address	Autopsy results		
17. Burlan cremation, or removal. Which?)  Date thereof (month) (day) (year)  Cemetery or cramatory ( 12 to	22, VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
,	Injured at home, farm, Industry, public place (where?)		
Location Dear West granite, The	Meane of Injury Injured at work?		
18. Funeral director.	7 4/00		
Address Wormunter nich	23. SIGNATURE / Ceuleen tollman, m.D.		
June 13, 19 46 Cloup A. Swanth Deputy Local Registrar	Henryton, Ma. Date signed 6-13-46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

05841 Reg. Dlat. No. 79

1. PLACE OF DEA	llehurg	mits, write F	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State			
How long in above place Hospital, institution, or	of death?40 street address where	yrsdeath occurred		Street No.			
How long in hospital or	Institution?			2.(a) If veteran, name war	***************************************		
3. (a) FULL NAME		arl	Bownson		3. (b) Social Security N	umber	
4. Sex	5. Celor or racs	6.(a)Slogi	e, married, widewed, er diverced	MEDICAL CE	RTIFICATION		
F	W		Married	20, DATE OF DEATH LUCE 14	19.46	3:45P	
8.(b) Name of husband 7. Birth date of deceased (mo., day, y		6.(	man e) if alive, give sgeyears	21. I CERTIFY that death eccurred on the date about	re stated: that I attended decease	ed from	
8. AGE: Years	Months	Days	If less than ene day :	Immediate cause of death		OUNTION	
62	7	13	hrsmin.	Coronary			
10. Usual occupation	Housew	ife.	state)	Due te		***************************************	
t2. Name	Samuel G	Minni	ck Md	Other conditions	All the second second	••••	
Halden some	Ella Bu	rgess					
14. Malden name		M		Major findings of operations.			
16, Informant	John H		nleburg,Md.	Autopsy results			
Address  17. Bur: (Burlai, cremation)	al or removal. Which?		eof June 17, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, er homicide			
Cemetery or cremate	y Met	hodist	***************************************	Where did injury occur?(City or town)	(County)	(State)	
			urg, Nd.	Injured at home, farm, Industry, public place (wh	ere?)		
18. Funeral directer				Meaes of Injury	Injured at work?		
Address Taneytown, Md.				23. SIGNATURE aure / Thous	W. Deputy Med	Lead Examina	
Date rec'd by re	1946 (istrar)	Su	ray M. Jisas. Registrar	Address Withdriveter n	Date signed	June 14 - 46	

JUN 18 1946
RUREAU V.S

241	1	N.	Charles	St.,	Baltimore	837)

All and	INTO/	9	
7	11309	26/11/	6
Re	g. Dist. No		

			CERTIFICAT	TE OF DEATH Reg. Dist. No	14
How long in above place Hospital, Institution, or	Sykes  utside city or town of death? 21y street address where	ville imits, write rs 10m death occurre te Hos	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale Maryland City or town Baltimore (If outside city or town limits, write RURAL and give n  Street No. 1620 North Gilmor Street (If rural, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NAM		Mar	y E. Broessel	3. (b) Social Security	y Number
4. Sex female		wi	ie, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATHJune	at_8.15A.M
6.(b) Hame of husband 7. Birth date of deceased (mo., day, ) 8. AGE: Years	n) Novem		(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dec June 1st 1946 to June and that I last saw h CR alive on June 21st Immediate cause of death.	
77 7 8hrsmin.				Cerebral Hemorrhage	3 days
9. Birthplace				Due to. Cerebral Arteriosclerosis  Other conditions Paranoid Condition	16 years
12. Name	unknown unknown unknown			(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant Hospital Records  Address Sykesville, Maryland.  17. (Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)			and.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Location Location 18. Funeral director	A Holand Comment	le se	West.	Where did injury occur?	(State)
0	28 1946 ristrar)		. Harry Z. Sees. Registrar	Address Addres	6 422-4c

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

VS A15



Language . Trail

# PLEASE WRITE PLAINLY, WITH LYFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

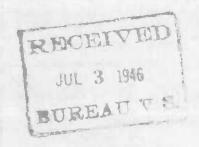
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 466

## CERTIFICATE OF DEATH

Reg. Dist. No. 483/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Could	
	State State County County
City or town (If outside city or town lights, write RURAL and give nearest town)	Chroston Phin Bulo
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rursi, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3. (a) 10 LE NAME	
Virginia S. OSigos	hs House
4. Sex 5. Color or race 8.49 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Founds Colored Married.	1 000 45 1130 40.
Tourse Colored Thornes.	20. DATE OF DEATH 29 19 19 19 19 19 19 19 19 19 19 19 19 19
B.(b) Name of husband or wife tarvey Brooks	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7	Que 1 19.46 10 July 24 19.46
7. Birth date of	and that I last saw h. Americally on the last saw h. Americal saw h. Ameri
deceased (mo., day, yr.) 1914 29 - 1868	Immediate cause of death DURATION
8. AGE: Years   Month   Days   If less than one day	
77 8 95hrsmin.	
0 00 0 00	- Allen - Alle
9. Birthplace Count to Mayle,	Due to
(Town, county, and state)	
10. Usual occupation	Due to.
11. Industry or business at I force	
72 - 2	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Glee Color  15. Birthplace Mayell.	
to a a	Major fiadings of operations.
2 2 7 7 2	Date of op.
18. Informant The Robecca Brown	Autopsy results.
Address Thin By Lee Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which)  (Burial, cremation, or removal, Which)	Accident, suicide, or homicide
2 4 //	
Cemetery or crematory.	Where did injury occur?
Location Champton Mayled	Injured at home, farm, industry, public place (where?)
hand the all	Means of Injury Injured at work?
18. Funeral director	2 (( /)
Address Them Budge of flow Handy My	1 HREPO
S AS	23. SIGNATURE M. D. or other
19 June 23 1946 Machjuan	Address The Cart Date signed 6-25-46
	ADDITION OF THE PARTY OF THE PA



		TE OF DEATH	584474
	CERTIFICA		t. No. 2 4 4
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		Montrland	00000····00···1000*********************
City or town	nits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL as	
How long in above place of death?	days	(If outside city or town limits, write RURAL at	nd give nearest town)
Hospital, institution, or street address where Maryland Tubercul	osis Sanatorium	Street No. 731 N. Spring Street (If roral, give LOCATION)	
Colored Branch, How long in hospital or institution?	enryton, Md.	2.(α) It veteran, name war.	······
3. (a) FULL NAME		"	Security Number
LEROY CA	MPBELL		<del>0-0</del> 151
4. Sex 5. Color or race	8.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICAT	
male colored	single	2D. DATE OF DEATH. June 21,	. 46 11.50A
		21. I CERTIFY that death occurred on the date above stated; that I at May 27.	tended deceased from ne 21, 19 46
7 Digith date of	B.(c) if alive, give ageyes	and that I last saw h im alive on June 21,	19. 46
	ber 28, 1923	Immediate cause of death	DURATION
8. AGE: Years Months	Days it less than one day	Pulmonary Tuberculosis	Sept.
22 7	· 23hrsm	n.	1945
9. Birthplace Baltimore	ounty, and state)	Due to	***************************************
Laborer			
19. USU2: OCCUPATION		Due to	
11. Industry or business			
	ampbell	- Other conditions	
		(Include pregnancy within 3 months of death)	
E 14. Malden name Mary (Un	known)	Major findings of operations	
14. Malden name Mary (Un 15. Birthplace Unknown		Date of	
		Actoney resolts	***************************************
Address		PHYSICIAN: Please underline the caose to which death should	
n sunal	6-24-46	22. VIOLENCE: It death was due to external causes, till in the tollo	
(Buriai, cremation, or removal, Which?)	Date thereot (month) (day) (year)	Accident, sutcide, or homicide	
Cemetery or crematory MI	alvan cem.	Where did injury occur?	y) (State)
Language Cloud Clu	undel Bounty	Injured at home, farm, Industry, public place (where?)	
N 1som 9	Manie Whigh	Means of Injury Injured a	
1B. Funeral director.		7 4.	
Address 72 (Cusque	with of	23. SIGNATURE Leveleur Hofman.	m.d.
6/21 ,46	(1/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		M. D. or other

MARGIN RESERVED FOR BINDING

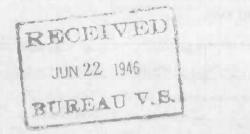


	4444		ALGERTOS A	Je., Daire	inore	120
CER	TIL	FIC	ATE	OF	DEA	HTA

county Cari	roll			(For newborn infants give residence of a	mother)	
Ham	euton	ite weite RII	RAL and give nearest town)	state Maryland Count		
How long in above place of death? 1 month 9 days			9 days	City or town Brandywine (If outside city or town limits	, write RURAL and give ner	arest town)
Hospital Institution or s	treet address where de	eath occurred:		Street Mo.	_	
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.				(If rural, give 2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	IRENE	MONR	OE CHESLEY		none	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
female	colored	ma	rried	2D. DATE OF DEATH June 19,	19.46	8.45Pm
6.(b) Name of husband o			tf alive, give age 30 years	21. I CERTIFY that death occurred on the date abo May 1.0. 194 and that I last saw h. er alive on	ve stated; that I attended dece 16, to June 19	200d from 1946
decoased (mo., day, yr. 8. AGE: Years	) NOVE	Days	22, 1919 It less than one day	Immediate cause of death	10000	DURATION
8. AGE: 26	6	~ ~	hrs	Pulmonary Tuberd	ULUSIS	Jan.7,
10. Usual occupation  tt. Industry or business	Housewif	e	ate)	Due to		•
置 12. Name			oe	Other conditions		
	Florence		ins	(Include pregnancy within 8 n		
_	walds			Aotopsy results	nich death should be charged	
17. Burial, cremation, or removal. Which?)  Cemetery or crematory.  Date thereof (monyh) (day) (year)				22. VIOLENCE: If death was due to external cause Accident, sutcide, or homicide	Date ot	
				Where did lojury occur?(City or town)  Injured at home, farm, industry, public place (wh		
Location	11	TH O	Rum	Meens of injury	tnjured at work?	
18. Funeral director Address	- figure	1//6	edo Jul.	7 , 4	00 0-7	).
	te 46	all	AR. Swands			or other
(Date rec'd by reg	istrar)	Depu	ty Local Registrar	Address Herryton, Md	mDate signed	O./. TA./.40.

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF. is especially important.

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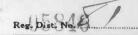
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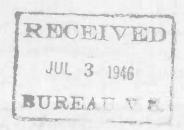
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

### CERTIFICATE OF DEATH



City or town. Union Bridge			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Carroll		
					city or town Union Br
			How long in above pla Hospital, institution.	or street address where	death occurred:
			Street No	give LOCATION)	
How long in hospital	or Institution?		2.(a) It veteran, name war		
3. (a) FULL NA				3. (b) Social Security Number	
		e Edgar Clary		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION P.M	
Male	White	Married	2D. DATE OF DEATH June 23	1946 19 at 12, 15 M	
R (b) Name of husbar	nd or wite Mrs	Isabel S Clary		above stated; that I attanded deceased from	
		6.(c) It alive, give ageyears		1846, to June 23 19 4 6	
7. Birth date of	\ ST	1 4 0 4 0 / /	and that I last saw h.l.on, allve on	July 2 3 19 46	
8. AGE: Yes	ars   Months	ber 10 1866	Immediate cause of death	DURATION	
o. Adl.	79 7	13min.			
		k County Maryland	Oue to		
10. Usual occupation	Farmer		Due to		
	ess Retire		Due to		
置 12. Name		Clary	Other conditions.		
13. Birthplace	Maryla	nd			
Maiden nam	Susann	a Dudderar	(Include pregnancy within		
14. Maiden nam 15. Birthplace	Maryla		Major findings of operations.		
				Date of op	
16. Intermant Mrs Isabel S Clary			Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
		lge Maryland			
17. Burial Date thereof June 25-1946 (Burial, cremation, or removal. Which?)			Accident, suicide, or homicide	Date of	
cemetery or crematory Linganore Cemetery				yn) (County) (State)	
Location Unionville, Maryland				vn) (County) (State)	
18. Funeral director D.D. Hartzler & Sons			Meana of injury	Injured at work?	
			A . /	P	
-3-		& New Windsor Md	23. SIGNATURE 2	M. D. or other	
France 3	registrar) 19 4 C	Packman	7.	M. D. or other	
(Date ree'd hy	registrar)	Septenty Registrar	Address Milder 1	3. 1 Date signed 6-23-44	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

	1 1
Reg Dist No.	/

(Per newborn infants give readjaces of mother)  State		
State   Country   Country	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
wing in above place of dealth?  wing in above place of dealth?  wing in hospital or destitution?  Action of the second of the se	County Carrell	
coupled, incitibilion, or street address where seath occurred:    Compared to the compared to the control of th	City or town There David	State County County
Sireet No. (It rears), give book of the supplied of institution?  Sireet No. (It rears), give book of the supplied of institution?  Sireet No. (It rears), give book of the supplied of institution?  Sireet No. (It rears), give book of the supplied of the	1 / 11/	City or town Thum Bridge
we long in hospital or institution?  2.(a) FULL NAME  3.(b) Social Security Number  Colorad  Colorad  Colorad  Colorad  MEDICAL CERTIFICATION  2. Date B BEATM  2. 1. CERTIFY that death occurred on the date above stated; that Leftended deceased from the date above stated that the dat	How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
See S. Cohr's race  S. Cohr's	Nospital, Institution, or street address where death occurred:	
3. (b) Social Security Number  Set S. Color or rece S. Colosingle, married, widewed, or diverced Consum MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. DEATE OF DEATH.  22. LOCATION  23. AGE: Years Months Days It less than one day  14. Birthplace Towns, country, and study  15. Birthplace Comments, and study  11. Industry or business Consumed Co		
Ser S. Color or race S. (a) Single, married, widowed, or diversed    Color or race   S. (a) Single, married, widowed, or diversed   MEDICAL CERTIFICATION	How long in hospital or tastitution?	2.(a) If veteran, name war
Description	3. (a) FULL NAME	3. (b) Social Security Number
Description	Ill the Colward C	Alexand Marie
20. Date of DEATH.  21. I CERTIFY that death of course on the date above stated; that Lettended deceased from the deceased (mo. day, yr.)  22. I CERTIFY that death of course on the date above stated; that Lettended deceased from the deceased (mo. day, yr.)  23. ACE: Years Months Days If less than one day  24. ACE: Years Months Days If less than one day  25. Birthplace.  26. Output occupation.  27. Final death of the date above stated; that Lettended deceased from the deceased (mo. day, yr.)  27. I CERTIFY that death of course date above stated; that Lettended deceased from the deceased (mo. day, yr.)  26. Due to the date above stated; that Lettended deceased from the deceased (mo. day, yr.)  27. I CERTIFY that death of course stated; that Lettended deceased from the deceased (mo. day, yr.)  28. I CERTIFY that death of course the death above stated; that Lettended deceased from the deceased (mo. day, yr.)  28. I CERTIFY that death of course the death above stated; that Lettended deceased from the deceased (mo. day, yr.)  29. I CERTIFY that death of course the death above stated; that Lettended deceased from the deceased (mo. day, yr.)  29. I CERTIFY that death of course the death above stated; that Lettended deceased from the deceased (mo. day, yr.)  29. I CERTIFY that death of course the death above stated; that Lettended deceased from the deceased from the deceased from the deceased (mo. day, yr.)  29. I CERTIFY that death of course the death above stated; that Lettended deceased from the death of the	4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
21. I CERTIFY that deat obcurred on the date above stated; that Lettended deceased from  S. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  16. Birthplace  17. (Burafal, cremation, or removal, Which)  18. Furthplace  19. May 19. (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  18. Furthplace  19. Major findings of operations.  19. Date of op.  Autopay results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Major findings of operations.  19. Country or committed that the following:  Accident, sucide, or homicide.  Where did injury occur? (City or town) (Country) (State)  19. Means of linjury  19. Injured at work?	an a 10/04 12 . 0	
Birth date of deceased (mo., day, yr.)  Birth date of deceased (mo., day, yr.)  Birth date of deceased (mo., day, yr.)  Birth place  Birth date of deceased (mo., day, yr.)  Birth place  Birth place  Comments and start for min.  Birthplace  Comments and start for min.  Bue to  Due to  Due to  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  City of the cause to which death abould be charged statistically.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  City of the cause to which death abould be charged statistically.  Differ on the cause to which death abould be charged statistically.  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  City of the cause to which death abould be charged statistically.  Differ conditions.  Major findings of operations.  Date of op  Address  Differ conditions.  Major findings of operations.  Date of op  County operations.  Differ conditions.  Differ conditions	Thate White Married	20. DATE OF DEATH. 19.46 21.12.1.0.P.
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days If less than one day  This. min.  Birthplace. Treated and the I last saw h. alive on	of the Many of Survey of War of air of Many Clares	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from
Birth date of deceased (mo, day, yr.)  AGE: Years Months Days If less than one day  This. min.  Birthplace. Treadment (Town, county, and stay)  10. Usual occupation. Treadment County, and stay)  11. Industry or business County  12. Name. County, and stay  13. Birthplace County or	# 1	May 28 1946 to June 256 19 K
Immediate cases of death   DUSATION   DUSA		and that I last saw h level on June 9 4 1946
3. AGE: Years Months  8. O		
Due to	8. AGE: Years Months Days If less than one day	The case of death
Due to	80 7 14min.	
Due to	70.0010.00	
Due to L. Jame.  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant.  Address  17. (Burial, cremation, or removal Which?)  18. Energy of crematory.  19. Location.  18. Funeral director.  18. Funeral director.  18. Funeral director.  18. Funeral director.  19. Jame.  Due to L. Jame.  Dither conditions.  (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, filt in the following:  Accident, suicide, or homicide.  Date of .  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Maans of injury  Injured at work?	9. Birthplace(Town, county, and state)	Due fo
12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Gurial, cremation, or removal, Which?)  18. Funeral director.  19. Industry or business  19. Industry or business  10. Informant  11. Industry or business  11. Industry or business  12. Name  (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  18. Informant  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?		
12. Name  13. Birthplace  14. Malden name  15. Birthplace  15. Birthplace  16. Informant  Address  17. (Burial, cremation, or removal, Whigh?)  18. Euneral director.  18. Funeral director.  19. Conditions  Dither conditions  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 2 months of death)  Major findings of operations  (Include pregnancy within 2 months of death)  Major findings of operations  (Include pregnancy within 2 months of death)  Major findings of operations  (Include pregnancy within 2 months of operations  (Include pregnancy within 2 months of operations  (Include pregnancy within 2 months of operations	A , D	Due to United Face
13. Birthplace  14. Maiden name. Confidence alburgh  15. Birthplace  16. Informant  Address  17. (Burial, cremation, or removal Which?)  Cemetery or crematory.  Cemetery or crematory.  Location  18. Funeral director.  19. Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town)  (County)  (State)  Injured at work?		
14. Maiden name.    Continued pregnancy within 3 months of death   Major findings of operations.	12. Name Samuel Colonia	Dther conditions
15. Birthplace  Major findings of operations  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Major findings of operations  Matopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Major findings of operations  Major findings of operations  City or cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Major findings of operations  City or cause to which death should be charged statistically.  City or town)  (City or town)  (City or town)  (County)  (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?	13. Birthplace May Our	
Address    Autopsy results   Physician: Please underline the cause to which death should be charged statistically.   Autopsy results   Physician: Please underline the cause to which death should be charged statistically.   22. VIOLENCE: If death was due to external causes, filt in the following:   Accident, suicide, or homicide	& So A Other a alknow	(Include pregnancy within 3 months of death)
Address    Autopsy results   Physician: Please underline the cause to which death should be charged statistically.   Autopsy results   Physician: Please underline the cause to which death should be charged statistically.   22. VIOLENCE: If death was due to external causes, filt in the following:   Accident, suicide, or homicide	14. Maiden name.	Major findings of operations.
Address  Comparison of the com	E 15. Birthplace Mayland	Date of op.
Address  Comparison of the com	16 Informant Min Daiss In Coleman	Autopay results.
22. VIOLENCE: If death was due to external causes, filt in the following:  (Burial, cremation, or removal Which?)  Cemetery or crematory  Location  Location  Means of injury  Injured at work?	al both and	
Comparison of removal Which?   State thereof (month) (day) (year)   Accident, suicide, or homicide	Address The Dudge That IT.	22. VIOLENCE: If death was due to external causes, filt in the following;
Cemetery or crematory.  Location	17. OSund pate thereof James 28-194	
Location		
18. Funeral director. De Chartel + Susce Means of Injury Injured at work?	Cemetery or crematory	(City or town) (County) (State)
18. Funeral director. D. Chartle + Sous Means of Injury Injured at work?	Location new Education Marshell	Injured of home, farm, Industry, public place (where?)
ar a man of a collection	AD OLAHAN IN	Means of Injury Injured at work?
Address than Only & flew & under And	18. Funeral director.	3 4 4
	Address Than Bulo of flew of motor and	1/299
23. SIDNATURE M. D. or other	Stat Cour ME!	23. SIDNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar  Address May Price Date signed 6-25-4		1 21:11

RECEIVED:
JUL 3 1946
BUREAU V S

2411 N. Charles St., Baltimore 334

## CERTIFICATE OF DEATH

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	Reg. Dist.	No		4
C	EASED:	//	1	7
	Was	he	un	los

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A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If on eith eith or town limits, write RURAL give nearest town)	State County County
How long in above place of death?	(If outside city of own limits, write RURAL and give newest town)
Summer a State Translat	Street No
How long in hospitator institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
alul X vain	ia Naugherty
4. Sex 5. Color or race 8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
W Married	2D. DATE OF DEATH STATE 3 A 1944, at JP. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Pattended deceased from
	187 to 1838 19.7
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
80 3 20 hrs., min.	and and Ilmontale Int.
8. Birthplace Mary Land	Due to.
(Town, count, and state)	J. A.
10, Usual occupation.	Due to Chie My unifile
11. Industry or bysiness	A Day
12. Name Authorities  13. Mynopholace	Diher condition
	(Include pregnancy within 3 months of death)
14. Maiden name.  15. Birthplace  May  May	Major findings of operations
2 15. Birthglace	Date of op
18. Informant And Andrews And Andrews	Antopsy results
Address Authorn John Mill	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Mr. Nelahomanton Wash Co. End	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)
The of B. slatile	Means of Injury Injured at work?
18. Funeral director	WW - Cun
Address Gogustoco, Med.	23. SIGNATURE MANAGEMENT STATE
19. Bate rec'd by registrar) 19 Hb C Harry Week	Address Manual M. D. or other  Address Manual M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARTIAN OF THE DEPARTMENT OF HALLES

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BUREAU V.E.

THE REPORT OF THE PARTY OF THE

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### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore (31-0)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Carroll  City or town near Finksburg (If outside city or town limits, write RURAL and give neurest town)  Street No. Leer Park Road (If rurat, give LOCATION) NO  2.(a) If veteran, name war.	
City or town near rinksburg  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Nospital, institution, or street address where death occurred:  nale Nursing Home  How long in hospital or institution?  8 months		
3.(a) FULL NAME Mary Elizabeth Devese	3. (b) Social Security Number	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 6 / 9 / 4 6 19	
8.(b) Name of husband or wife. John N. Devese  5.(c) If alive, give ago years  7. Birth date of deceased (mo., day, yr.)  June 18 1869	21. I CERTIFY that death occurred on the date above/stated; that I altended deceased from  19	
8. AGE: Years Months Days If less than one day 21	Immediate cause of death DURATION  Chromis Contenstitial mephoities Duration magean.	
9. Birthplace Cockeysville-palto CO-Md (Town, county, and atate)  10. Usual occupation. Retired Housewife  11. Industry or business	Duo to as a suro a la l	
12. Name william H. Fishpaw   13. Birthplace   Phoenix Md	(Include pregnancy within 3 months of death)  Major findings of operations.	
Phoenix Md  15. Birthplace Phoenix Md  16. Informant William Devese  Address Reisterstown Add	Autopsy results	
Burial Dale thereof 6-11-46 (Burial, eremation, or removal, Which?)  Cemetery or crematory Druid Ridge Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Location Pikesville Md  18. Funeral director Wm Berryman & Sons  Address Reisterstown Md  19. (Date/red by registrar)  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  10,000 at work?  23. SIGNATURE  M. D. or other  Address  Date signed	

HILLS WE STANFFILL

RECEIVED
JUNI2 1946
BUREAU V.S.

The

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

### CERTIFICATE OF DEATH

Ref. Diet No. 1. 7.1

ed.	CERTIFICAT	E OF DEATH Ref Dist. No. 4.2	
in di	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Est newborn infants give residence of mother)	
pe su	City or town wal wear Parls All	State Bounty Carrol	人
11	(If outside city or town limits, write RURAL NEAR and give town) Singer address, hospital, or institution:	City or town (If outside city or town limits, write RUBAL NEAR and give	rd No
uld carefully and legibly.	1 uno Orage mo	Sireet No. 33 Ablus St.	own)
d le	Stay in hospital or inst. (yrs., or mos., or days)	of frural give LOCATION)	
ould an	Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
information should carefully of death clearly and legibly.	Frances Missouri Shouls Dif	Second 3. (b) Social Security 1	Number
nati tth	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
f des	Temale white windowed	2D. DATE OF DEATH 1946	5 P M
of	6 (b) Name of husband or wife Dolund Willendal.	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
	deceased	Uctober 1942, to have 2	1194-6
e it	7. Birth date of deceased (mo., day, yr.) October 9 1846	and that I last saw how elive on	19-1-6-
E e	8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
	99 8 16min.	Maria Caralla	- ya
INK. please	9. Birthplace unintown carroll Co mo	Production of the Contract of	OSaU
INK. pleas	9. Birthplace (Town, county, ald state)	Due toSt	
VG tns:	1D. Usual occupation	Due to	
UNFADING Physicians:	11. Industry or business		
FA	12. Name Dannel Shunk  13. Birthplace Carroll	Dither conditions Queutal determination	
5		(Isolude pregnancy within 3 months of death)	
H	14. Malden name at the second of the second	Major findings:	PHYSICIAN
, WITH importan	₹ 15. Birthplace	Df operations	Please underline the cause to which
r. im	16. Informant - Now Mulleres		death should be charged statisti- cally.
ally	Address 3 3 John at hetotuniste	Df eutopsy	cally.
PLAINLY especially	17. Barral Date thereof Muy 26/11	22. VIOLENCE: If death was due to external causes, fill in the following;	
PI es]	(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
age is	Cemetery or crematory Landing	Where did injury occur? (City or town) (County)	(State)
'RI t ag	Location - Lifely war. Md: - f	Injured at home, farm, industry, public place (where?)	
ASE WRITE correct age is	18. Funeral director 4. 9. Mylin - 2.	Means of Injury Injured at work?	
ASI	Address ( Westminster 2141.	2 Koo so Anlike	us
PLEA	10 Ame 26 10 46 Margaret R. Englar	23. SIGNATURE	rother
H	(Date rec'd by registrar) Registrar	Address Date signed.	124146



2411 N. Charles St., Baltimore 92-1.

Major findings:

### CERTIFICAT

E OF DEATH	Reg. Diat. No. 8.3
2. USUAL RESIDENCE (HOME (For newborn infants give residence)	lence of mother)
State Maryland	- County Carroll
City or town Rural	Sykesville  imits, write RURAL NEAR and give town)
Street No	ral give LOCATION)
2(a) IF VETERAN, NAME WAR	
	3. (b) Social Security Number
MEDICA  20. DATE OF DEATH	L CERTIFICATION  12 19 47 at 43 mm
21 I CERTIFY that death accurred on the	date above stated; that pattended deceased from 1945, 10 23 1946.
Immediate cause of death &	
Due to Endreas	dete
Due to	

Laborer 10. Usual occupation 11. Industry or business Dorsey 12. Name\_\_\_\_ 13. Birthplace Joseph Maryland Rebecca Hall

17

(Town, county, and atate)

Co. Maryland

Carroll Rural - Sykesville

(If outside city or town limits, write RURAL NEAR and give town)

2 years

DORSEY

JOHN

-----------------years

6.(a) Single, married, widowed, or divorced

Single

6. 1897

If less than one day

14. Maiden na Maryland Mrs. Annie Groomes

Sykesville, Md. Address

6- 26-46 Burial (month) (day) (year) White Rock Cemetery or crematory

Berrett, Carroll Co. Md.

C. M. Waltz 18. Funeral director Winfield, Md.

the cause to which charged statisti-

PHYSICIAN

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide \_\_\_\_\_

(Include pregnancy within 3 months of death)

Where did injury occur? \_\_\_\_\_ (City or town) (County)

Injured al home, farm, industry, public place (where?) \_\_\_ Means of injury Injured at work?

23. SIGNATURE

should Every item of information show write the causes of death clearly MARGIN RESERVED FOR BINDING UNFADING INK.
Physicians: please PLAINLY, especially in PLEASE WRITE correct age is

Iddus

carefully legibly.

1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

Male

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

14. Maiden name\_

Years

Carroll

49

Street address, hospital, or Institution:

Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_

Stay in this community (yrs., or mos., or days)\_\_\_\_\_

5. Color or race

Colered

March



2411 N. Charles St., Baltimore 131-0

05852

### CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	State Transplaced County Country
City or town. Author (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3 weeks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 236 2 main
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Catherine Evans	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W widow	20. DATE DE DEATH 4000 19 46 at 11/50 PM
6.(b) Hame of husband or wife Januahh & Esture	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
. 6. (c) It allve, give agevears	1200 Co 1846 10 July 6
7. Birth date of	and that I last saw he had alive on
deceased (mo., day, yr.) Upril 201 5 6 7  8. AGE: Years   Months   Days   If less than one day	Immediate chuse of death DURATION
85 / 15min.	Dilatotion Still
9. Birthplace Course (Town, county, and state)	Due to Chigging Susterstillal 57
10. Usual occupation June	William Superior Superior & de
11, Industry or business	10 To To The state of the state
12. Name Henry Richler  13. Birtholace Germany	DWfer conditions
	(Include pregnancy within 3 months of death)
14. Maiden name M.J. Krewe	Major fiadings of operations
14. Malden name 7 1 Kunnul 15. Birthplace	Dale of op.
1 1 Forms	Autopsy results
. , .	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 23 4 E- mais, Westminster nd.	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)  Date thereof Hamil 2 - 944  (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Belland Charactering	Where did Injury occur?
Location Coursell Iva med.	Injured at home, farm, Industry, public place (where?)
110 ( )	Meens of Injury injured at work?
18. Funeral director Als and Son	Del por king
Address wyshminster from	23. SIDNATURE And of other
19. (Date rec'd/by fegistrar) Registrar	Address NE SAMMANALISTA JAJA A TONIGRED & ALL YE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

JUN 13 1946
BUREAU V 8.

### 930 CERTIFICATE OF DEATH

7394		
1		-
		29

					Reg. Diet. No.	
1. PLACE OF DEATH:  County					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State Md. County Montgomery  Silver Spring	
M		W	W	idower	20. DATE OF DEATH. June 18 19.46 at 1.45 P.	
6.(b) Name of husband or wife. Louise. McKinney.  6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Feb. 29.1856				) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from  19. 46, to 19. 46  and that I last saw h	
8. AGE: Ye	ars	Months	Days	If less than one day	Immediate cause of death Dynamics & Dynamics	
	90	3	19	hrsmin	· Myserie Vegunam	
9. Birthplece					Dither conditions  Cinclude pregnancy within 8 months of death)  Major findings of operations	
16. Informant T.C. Fox  Address Keymar, Md.  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory Keysville				June 21 1946. (month) (day) (year)		
					Whera did injury occur?	
Location Keysville, Md.  18. Funeral director C. O. FUSS & SON  Address Taneytown, Md.					Means of Injury  Means of Injury  Injured at work?  23. SIGNATURE  No. D. or other	
19. Janua 20 19.46 kungn. Diser.  Registrar					/- U.d /-/10/1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

correct age



2411 N. Charles St., Baltimore 134

05854

### CERTIFICATE OF DEATH

74 Reg. Dist. No.

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
Henryton	State Maryland County
City or town (If outside city or town limits, write RURAL and give nearest town)	Baltimore
How long in above place of dealh? 1 yr. 7 mo's, 23 days	City or town. Baltimore  (If outside city or town limits, write RURAL and give nearest town)  1533 N. Gilmor Street  Street No.
Maryland Tuberculosis Sanatorium	Street No. 1533 N. Gilmor Street
Colored Branch, Henryton, Md.	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
IRENE FRAZIER	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female   colored   single	20. DATE DF DEATH June 6, 18 46 12.45P M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Occober 15, 19 44 to suite 0, 19 40
7. Birth date of Scott carbon 16 1020	and that i last saw h. er alive on June 6, 19 46
deceased (mo., day, yr.)  September 16, 1928  RAGE: Years   Months   Bays   It less than one day	Immediate cause af death
o. Aug.	Pulmonary Tuberculosis Sept.
17 8 20min.	1944
9. Birliplace Baltimore, Md. (Town, county, and state)	Due to
10. Usual occupation Defense Worker	
10. Usual occupation.	Due to
t1. Industry or business	
Phillip Frazier  12. Name Phillip Frazier  13. Birthplace Calvert County, Md.	Olher conditions
3 13. Birthplace Calvert County, Md.	(include pregnancy within 3 months of death)
14. maigen name	Major findings of operations.
18. Informant Deceased	Autopsy results
Address	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Success Date thereof June 10-1946 (Burlal, cremation, organoval, Which?) (month) (day) (year)	Accident, suicide, or homicide
mt / Alles a Com	Where did injury occur?
Cemetery or crematory.	
Location Isallimon my	Injured at home, farm, industry, public place (where?)
18. Funeral director. Elivy U, Wilson	Means of Injury Injured at work?
in the sent	7 4/20 2 2
Address / 000 /3cmeg 200	23. SIGNATURE Culeen Toffman M. D. or other
19 6/6 19 46 albert R. Swands	M. D. or other
19. O/O 19 40 Charlet V. Swanski	Henryton, Md. Bate signed 6/6/46

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-d)

## CERTIFICATE OF DEATH

05855 eg. Dist. No. 72

	Atog. Disc. 110
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fop-gewborn locants give residence of mother)
City or town wilder or town limits, write RURAL and give nearest town)	State Lema County Fork
How long in above place of death? 3 Slean 3 Ma.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 20 Oruth and; (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Josa Saroma No	and the second s
4. Sax 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Juman war com	20. DATE OF DEATH JULE 25 1996 ALM
6,(b) Name of husband or wife Allson T. Houck	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give age Dead, years	1 . /2 - 1
7. Birth date of deceased (mo., day, yr.) Fuls - 23 - 1862	and that I last saw h alive on 18
8. AGE: Years / Months Days   It less than one day	Immediate cause of death
83 // 2min.	cursus myotarius
9. Birthplace (Town, county, and atate)	Due to andres Activities
10. Usual occupation Housework	6. 0.7
- C. /-	Due to Seculity
11. Industry or business	
12. Name gacole Essel  13. Birthblace Carroll Ca. Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sutanna Baumgardne 15. Birthplace Carroll Co. Pnd	Major fiadiugs of operatious.
\$ 15. Birthplace Carroll Con Ma	Date of op.
18. Informant Lotter V. Koons,	Autopsy results
Address Westminster, Md. R.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Of. 0. 27. 1941	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Buriai, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide Date of
Cemetery or crematory Mr. Olivet Cemetry	Where did injury occur?
Location Hanorier. Penna.	Injured at home, farm, Industry, public place (where?)
18. Funeral disactor F. M. Livele X Jan	Means of Injury Injured at work?
Address Livestown I PA PyP. A. Link	
0 25th 11 0 0 1 10R SV	23. SIGNATURE C. L. B. L. M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Westmington Hod. Date signed 6-25-46

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JUN 26 1946

BUREAU V. 8

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 306

## CERTIFICATE OF DEATH

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10	10	U	C
-	-		

56 Reg. Diat. No. 14

1. PLACE OF DEATH:  County. Carroll  City or town. rural near Sykesyille  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 7 yr., 2 mo., 10 days  Hospital, institution, or street address where death occurred:  Springfield State Hospital					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County Allegany			
					n limits, write RURAL and give ne	arest town)	
				Sirect No(If rura	d, give LOCATION)		
How long in hospital or	Institution? Z Y	2., 2	mo., 10 days	2.(a) If veteran, name war			
3. (a) FULL NAME	Jesse 1	P. Hit	e		3. (b) Social Security	Number	
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	MEDICA	L CERTIFICATION		
Male	White		ried	20. DATE OF DEATH June 3		11:28am	
+sosoooosssssssssssssssssssssss			abeth Hite	February 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 19.46 to June 3 19.46		
7. Birth date of deceased (mo., day, yr	35			and that I last saw h alive on		_	
8. AGE: Years 73	Months	Days 24	If less than one day		lure		
9. Birthplace	mberland	Mar	yland	Due to Syphilis	about	10 yr.	
10. Usual occupation	Railroad	ler	***************************************	Due to			
11. Industry or business  12. Name Geo  13. Birthplace	rge F.	Hite		Other conditions Syphilitic		ut 10 yr	
	3			encephaliti	S		
	Mary Andiverpoo		ി സി		(Include pregnancy within 8 months of death)  Major findings of operations.		
					Date of op		
	ingfield esville		e Hosp recor	Autopsy results	e tn which death shanld he charged	statistically.	
17 Bulling (Burial, cremation,	. 0	Oate there	1194	22. VIOLENCE: If death was due to exter			
Cemetery or crematory		Hel	C Ben.	Where did injury occur?(City or t	town) (County)	(State)	
Location	mberla		mel.	Injured at home, farm, Industry, public pla	ace (where?)		
18. Funeral director	Hafer (	There	erel Home	Allan Burke, M.	Da A		
Address	Vinely	elan	I, Tud		e Hospital M.D.	moke	
19. Date rec'd by reg	3 19 HG	. 6	Harry Wee	e Sykesville	Maryland Date signed	or other -3-46	

JUN 7 1946 BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 97

#### CERTIFICATE OF DEATH

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7		
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1		T

g. Diat. No.

1. PLACE OF DEATH: County Carroli	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
rural near Sykesville	State Maryland County Baltimore		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	0		
How long in above place of death?	(If outside city or town limits, write RURAL and give nea  Street No.  Pleasant Hill Park	rest town)	
Springfield State Hospital	VIII.		
How long in hospital or institution? 5 Months, 1 Day	(If roral, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Walter S. Holland	213-10-013	7	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1 1 1 1	
Male White Widowed	20. DATE OF DEATH June 8 1946	. 9:03 a.	
6.(6) Name of husband or wife. Ada Gover Holland	21. I CERTIFY that death occurred on the date above stated: that I attended decea	sed from	
(deceased)	January 7 19 46 June	1940	
7. Birth date of deceased (mo., day, yr.) October 7, 1874	and that I last saw h im alive on June 8	1940	
8. AGE: Years   Months   Days   If less than one day	Immediate canse of death	DURATION	
71 8 1min.	Arteriosclerosis	2 yr.	
9. Birthplace Maryland near Cambridge	Due to		
(lown, connty, and state)		***************************************	
10. Usual occupation Farmer	Due to		
11. Industry or business		***************************************	
[ 12. Name William Holland	Dther conditions Psychosis with chronic	***************************************	
13. Birthplace Maryla nd	(Include pregnancy within 3 months of death)	l yr.	
14. Malden name Ada Stablefort			
14. Maiden name Ada Stablefort  S 15. Birthplace Maryland	Major findings of operations.	••••••	
16, Informant Springfield State Hosp, record	S	• • • • • • • • • • • • • • • • • • • •	
Sulcourd Illo Manusland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide Date of		
Cemetery or crematory, Paultulal	Where did injury occur?(City or town) (County)		
Cemetery of Granatory		(State)	
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director.	Robert Bertrand May, M.D.		
Address Plisterstain Me	allat on	She	
Que 9 111 0 4/2 4/2	Springfield State Hospital M.D.	rother	
Date rec'd by registrar)  Registrar		-8-46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

05858

#### CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll City or town Henryton (If outside eity or town limits, write RURAL and give nearest town)			***************************************	State Maryland County		
City or town(I	f outside eity or town lir	nits, write R	URAL and give nearest town)			
How long In above place of death? 12 days			City or town Baltimore (If outside city or town limits, write RURAL and give r	nearest town)		
Thespital Institution	or speet address where	leath occurred	Sanatorium	Street No. 1020 N. Arlington Aven	nue	
Colored	Branch H	enryt	on Md.	(If rural, give LOCATION)	./	
How long in hospital	or Institution?	enr y o	on, Ma.	2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Securit	y Number	
	JAMES	HOOPE	ER	219-18-9	9857	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	colored	m	arried	20. DATE OF DEATH. June 29, 19 46	6 .6.16A	
	nd or wife Luci	lle H	noner	21. I CERTIFY that death occurred on the date above stated; that I allended de		
6.(5) Name of husba	nd or wife		00001	Tuno 17 /6 /1100	29, 46	
7 Pinth date at	***************************************	6.70	c) It alive, give age 26 years	and that I last saw h imalive on June 29,	, 46	
deceased (mo., da	y, yr.) Marc	h 15,	1920	Immediate cause of death		
8. AGE: Ye	ars Months	Days	It less than one day	Pulmonary Tuberculosis		
2	26 3	14	hrsmin.		7046	
7	Torthu <b>mb</b> er	land	Co. Va.	Que to.		
	(Town,	connty, and s	state)	vue to		
10 Usual occupatio	Truck Dr	iver	**************************************		******	
	ness Unknown			Due to		
			•			
				Other conditions	****	
	Northumbe			(Include pregnancy within 3 months of death)		
14. Maiden nar	" Eva Car	rady		Major findings of operations		
15. Birthpiace	Northum	berla	nd Co., Va.	Date of op		
	Deceased		nd Co., Va.	Autopsy results		
16. Informant		***********		PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.	
Address	. 0		1//- 1	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
17 05	ion, or removel Which?)	Date then	eof	Accident, eulcide, or homicide		
	ion, or removel. Which?)	1.	Occuss			
Cemetery or crem	natory // //	uu	vus.	Where did injury occur? (City or town) (County)		
Location				Injured al home, tarm, Industry, public place (where?)		
40 6 444	George "	1.0.	Gelson h	Means of Injury Injured at work?		
			110-1	7 . 4.		
	35 Lonus	1 1/2	yan	23. SIGNATURE Cauleen Affrican M.	<b>D</b> .	
6/29	9 19 46	all	lest R Swands	00	D, or other	
(Date rec'd by	registrar)	enuty	LOCAL Registrar	Henryton, Md. Date signe	0/29/40	

JUL 2 1946

2411 N. Charles St., Baltimore /3-

05859

#### CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Henryton	State Maryland County Dorchester		
City or town Henryton. (If outside city or town limits, write RURAL and give nearest town)	Clty or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Maryland Tuberculosis Sanatorium	Street No. 2 Park Lane		
Colored Branch, Tenryton, Md.	(If rural, give LOCATION)		
	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JULIUS WARFIELD HOOPER	214-07-9540		
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored single	20, DATE DF DEATH June 17, 19 46 at 5.05A		
	21. I CERTIFY that death occurred on the date above stated; thal I ettended deceased from		
6,(b) Name of husband or wife	May 30, 19 46 10 June 17, 19 46		
7. Birth date of No. 1 0 1 0 1 5	and thal I last eaw h im alive on June 17,		
deceased (mo., day, yr.) May (f) 1910	Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis Dec.		
	1945		
9. Birthplace	Due to		
9. Birthplace			
10. Usual occupation	Due to		
11. Industry or business			
12. Name	Dither condillons Diabetes Mellitus		
13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
Eleanor Elliott			
14. Malden name Eleanor Elliott  15. Birthplace Crapo, Md.	Major fiadings of operations		
	Date of op.		
16. tnformant Rebecca Hooper	Actopsy results		
Adpass Cambridge, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Surial cremation, or removal, Which?)  [Gurial cremation, or removal, Which?]  [Gurial cremation, or removal, Which?]	Accident, suicide, or homicide		
Cemetery or gematory	Where did injury occur? (City or town) (County) (State)		
Location Crosho ma	injured at home, farm, industry, public place (where?)		
Jan 12 12 12 13 2000 11	Meens of Injury Injured at work?		
18. Funeral director.	7 (4)		
Address Combridge mod	23. SIGNATURE Cecles Doffman, m.D.		
6/17 46 allet A Swample	M. D. or other		
19. (Date rec'd by registrar)  19. LOCAL Registrar  Registrar	Address Henryton, Md. Date signed 6/17/46		

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 19 1946
BURLAU V

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

#### CERTIFICATE OF DEATH

eg. Dist. No. 76

			Rog. Disc. No.
City or town	Carroll Vestminste outside ety or town lim of death? r street address where d list Prote	er nits, write RURAL and give nearest town) 9 years	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Maryland County Carroll  City or town Westminster  (If outside city or town limits, write RURAL and give nearest town)  Street No. E Main & Church Sts.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAM	E	Emma C. Hunter	3. (b) Social Security Number
4. Sex female	5. Color or race	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. June 7 19.46
6.(b) Name of husband 7. Birth date of deceased (mo., day,	A.2.07.2	rew M. Hunter  S.(c) If allve, give age year  st 8, 1857	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
8. AGE: Years	s Months	Oays If less than one day  30hrsmin	Immediate chie of death worm - 3 day
		ounty, and state)	Due to
12. Name	John J. Maryland	B. Bregel	Other conditions (Include pregnancy within 8 months of death)
15. Birthplace	Maryla		Major findings of operations
Address	Westminst	0 122 140	Antopsy results
	al n, or removal. Which?) ory	Date thereof 6/11/46 (month) (day) (year) more Cemetery	Accident, suicide, or homicide
		mor <b>e, Md.</b> ancis Reese	Injured et home, farm, industry, public place (where?)
Address /		inster, Md.	A3. SIGNATURE M. D. OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HARGIN RESERVED FOR BINDING



# Supply every item of information carefully. The case write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF DEATH

	108. 2140. 1101
2. USUAL RESIDENCE (HOME) OF DE	CCEASED:
Maryland County	
City or town Baltimore (If outside city or town limits, wri	te RURAL and give nearest town)
street No. 1005 N. Arling	ton Ave.
(If rural, give LOC	
2 (a) tf vateran name war	

3. (a) FULL NAME	MARY	VIOLA	HUNT
Hospital, institution, or street address where dead Maryland Tubercul Colored Branch, How tong in hospital or institution?	osis Sar enryton	natori. Mo	ım
How long in above place of death?	onths,	15 days	town)

Henryton

1. PLACE OF DEATH: Carroll

TER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
female	col.	single	20, DATE OF DEATH. June 8, 19	46 .1:0
	Δr 1		rears and that I last saw h. er alive on June 8,	1e 8, 19
8. AGE: Year 20		O tf less than one day  Ohrs.	Immediate cause of death Pulmonary Tuberculosis	Dec 19
10. Ilsual occupation.	Domest	icontr, and state)	Due to	
13. Birthplace	Virginia Mary Le	Hunter ee	(Include pregnancy within 3 months of death)	
16, InformantDe	Virgini		Autopsy results	••••
Cemetery or crema	12KV-	uburs.	(Oity of town)	(State)
18. Funeral director  Address 3 (  19. June  (Date rec'd by r	Blood Pres 8, 19 46	ostwan. St.	Injured at home, farm, Industry, public place (where?)  Means of Injury  23. SIGNATURE.  Means of Injury  Injured at wo  Address Henryton, Md. Date	M. D. or other

20. DATE OF BEATHJ.U.	ne 8,	19.4	6., at 1:00P
21. I CERTIFY that death occur Jan. 23,	19.46	June	8, 19.46
and that I last saw her	alive on June	8,	19.46.
Immediate cause of death Pulmonary		osis	Dec. 1945
Due to			*****
Due to			
Other conditions			
(Include pr	egnancy within 3 mon		
***************************************	***************************************	uate of op	***************************************

PLEASE

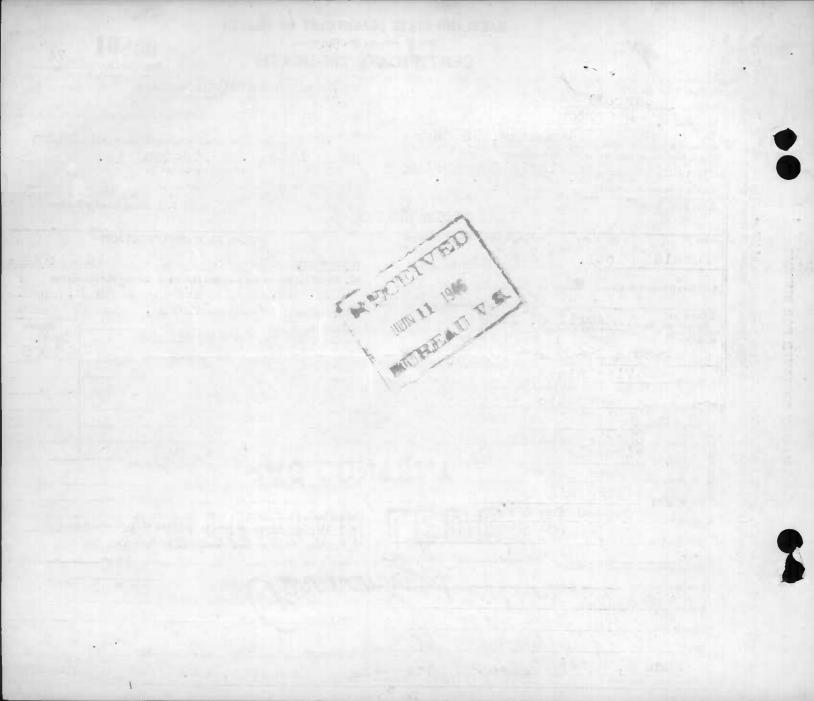
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UNFADING INK. Suppart. Physicians: please

important.

is especially

6-8-46



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

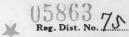
				ATE OF DEATH	Pau Diet N	74
OARHI]	rroll		URAL and give nearest town)	2. USUAL RESIDENCE (HOMI (For newborn infants give resident State. Maryland	E) OF DECEASED:	
How long in above place	of death? 2	month	s, 14 days	Street No. 5118 Navaj	limits, write RURAL and g O AVE	
3. (a) FULL NAM			MARY VIRGINI		3. (b) Social Sec 579-34-	6924
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICA	L CERTIFICATIO	N
female	col.	S	ingle	20. DATE OF DEATH June 6,		46 . 6:35
***************************************	or wife yr.) Februa		c) It alive, give agey	21. I CERTIFY that death occurred on the d March 22.9 and that I last saw hC.Talive on	19 46 to Jun June 6,	e 6, 19 4
8. AGE: Year	Months	Days 23	It less than one day	Pulmonary Tube	rculosis	July 1944
9. Birthplace	Maid	, Md . county, and	state)	Due to		
11. Industry or busines  12. Name	~	Johns, Md.	on			
14. Malden name	Grace	Lanca	ster County, Md.	(Include pregnancy with		
	Deceased			Antopsy results	e to which death should be o	charged statistically.
12	n, or removal. Which	Date the	(month) (day) (year)	22. VIOLENCE: It death was due to exter Accident, suicide, or homicide	Date of	ot
Location	Police	140	Je Suver	Injured at home, farm, Industry, public pl	ace (where?)	
Address June	ocku	16	mel	23. SIONATURE		m. D. or other
(Date ree'd by r		De	buty Local Regis	trar Address Henryton, N	Id Date	signed 0-6-

MARGIN RESERVED FOR BINDING

VS A15



#### CERTIFICATE OF DEATH



<del></del>	
1. PLACE OF DEATH: Cavroll	2. USUAL RESIDENCE (I-IOME) OF DECEASED:  (For newborn infants give residence of mother)
Manchester	State County Cavett
City or town	34000
(If outside city of town finance, write NOTAL and give hearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	\$1t N-
	Street No
***************************************	(It fullil, give book from)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME	0 (1) C + 1 C + W 1
3. (a) FULL NAME VOANNA FISHEL KRE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
do a . Or N. O O	
Kung While Mislowed	20. DATE DE DEATH June 4 19 46 at 1. 15 P M
100.00	
John Jus Krels	21. I CENTIFY that death occurred on the date above stated; that I strended deceased from
6,(b) Name of husband or wife.	Sure 19 19 42 10 line 3 18 40,
6.(c) If alive, give ageyears	
7. Birth date of afort 14 1867	end that I last saw h & Lalive on June ( 3 19 46
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Immediate cause of ceats
o. real	mound my caracia and
79 / 20hrsmin.	myocardial Degeneration Olos.
unl. Co	
9. Birthplace	Duo fol
(Town, county, and state)	
10. Usual occupation. Armseurfe	
10. USUAL OCCUPATION.	Due to
11, Industry or business	
( lotu tiskel	
12. Name	Other conditions
3 13. Birthplace Unit. Co. Ca	
14 Majdan asma	(Include pregnancy within 3 months of death)
14. Maiden name	MANG
11.10 6.	Major fiedings of uperations.
14. Malden name	Date of op.
1/2 20 /2	Autopsy results NOWE
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Manchester Md	I II I DI CAME. I lesse didection me chance on among and an engine and engine
A 194	22. VIOLENCE: If death was due to external causes, fill in the following:
Pole Sharped	Accident, suicide, or homicide
(Burial, eramation, or semoval Which?) (month) (day) (year)	
Plone Church	Where did injury occur?
Cemetery az oromatery	
Location Mirelletis, 00	Injured at home, farm, Industry, public place (where?)
ne Co. Vl.	Maans of Injury Injured at work?
18. Funeral director.	Maans of Injury Injured at work?
10. Fulletal ullocation.	0 . 1 /
Address Stew Ports, Vo	Tama Valatanell m.A
0 1 0 1 0 1 0	23. SIGNATURE AUGUSTANIAN TO THE STATE OF TH
Mary b 46 Mrs. W. R. J. Donner	1
(Date rec'd by registrar) Registrar	Address Cliv Tellarm, Ja Bate signed 6-4-70
11 11 11 11 11 11 11 11 11 11 11 11 11	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



COURSE FORES MAKES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

# CERTIFICATE OF DEATH

-4	- 4
	Reg.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Currally	firmor.
City or town	14. 400
How long in above place of death? 15 years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Carroll County Home	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Chillip Kraft	3. (b) Social Security Number
4. Sex - 5. Color or ruce 6.4 Slogie, married, widowed, of divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH June 184 1944 at 11A
Allehan	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of	and that f last saw h alive en
deceased (mo., day, yr.) 3 - 15 - 61	and that f last saw halive on
8. AGE: Years Months Days If less than one day	(no attinhance 4 day
83 3hrsmin	
9. Birthplace	Due to
1D. Usual occupation Charia Casalta	Due to
11. Industry or business two surfaces	
12. Name Killip Graft 13. Birthplace Kerbnang	Dther conditions Senality
	(Include pregnancy within 3 months of death)
14. Maiden name Catherine Hange	Major fiedings of operations.
El 15. Birthplace Lermany.	Date of op.
16. Informant Klichwill, Rome	Actorsy results
Address years before his death	PHYSICIAN: Picase underline the cause to which death shootd be charged statistically.
B told plehvard 6-20-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burnal, cremation, or restrict Vinich?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident, Date of 4 - 14 - 14
Centery of remaining & prince Com	Where did injury occur? All Manual (Coenty) (Coenty) (State)
Location Mestinius But 1800	Injured at home, farm, Industry, public place (where?)
18. Funeral director lacy Wings Saw	Means of Injury tell down step injured at work?
Address May 10 Mostus Mo-	1 orBillingslea, M.D.
6/16 111 Exterior	23/ SIGNATURE. M. D. or other
19	Address for the signed the 18-26
	The state of the s

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

05865

#### CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:  County			(For newborn Infants give residence of mother)		
				unty	
Rural near Sykesville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death 21 yr., 3 mo., 15 days			City or town Baltimore Ci	ty s, write RURAL and give ne	arest town)
Hospital, Institution, or	r street address where d	eath occurred:	Street No.		
		d State Hospital		LOCATION)	
How long to hospital o	or institution? 21 y	r., 3 mo., 15 days	2.(a) If veteran, name war		
3. (a) FULL NAM		in Mark		3. (b) Social Security	Number
- 4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	married	20, DATE OF DEATH June 28	1B. 46	,at 7:40a M
6.(b) Name of husband	or wife Addie		21. I CERTIFY that death occurred on the date about 1 19	ove sizied: That I attended dece 43 to June	28 <sub>19</sub> 46
deceased (mo., day,	yr.) March	3, 1007	Immediate cause of death		DURATION
8. AGE: Year	s Months	Days If less than one day  19hrsmin.	Coronary occlusion	<u> </u>	12 hrs.
10. Usual occupation	clerk (	ity, Maryland county, and state) bookkeeper)	Due to.		13 yrs.
11. Industry or busines	lliam T.	Mark	Other conditions Manic-depre	saed pavcho	•
		County, Maryland	nie denmagged tym		27 Tra.
H 14. Maiden name	Elizabet	h Butler County, Maryland	(Include pregnancy within 3.  Major findings of operations.	months of death)	
16. Informani		ate Hospital Records	Antopsy results	hich death should be charged	statistically.
	n, or removal. Which?)	Bate thereof	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide  Where did injury occur?	Date of	
Location	Ballo	- Galla	Injured at home, farm, industry, public place (w	rhere?)	
1B. Funeral director.	Fello Ro	es the D med.	Robert Bertrand May, M.D.  23. SIGNATURE ROSPITAL Springfield State Hospital	injured at work?	MD.
19. June	2 9 19 HG	C Harry Zilles Registrar	Address Sykesville, Maryland		6-28-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 05866

Ram	Dist	No

74

	Reg. Diat. No		
I. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland		
City or town Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 13 days	State County County County City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium	Street No. 1627 Ashland Avenue (If rural, give LOCATION)		
Colored Branch, Henryton, Md.	2.(a) If veteran, name war		
JAMES MCCOY	3. (b) Social Security	Number	
4. Sox 5. Color or raco 6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
male colored married	2D. DATE OF DEATH June 30, 19 46	, at 1 . 55]	
B.(6) Name of husband or wife Gladys McCoy  S.(c) If allve, give age years  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I strended dec- June 17, 19 46 to June 3 and that I last saw her alive on June 30,	0, 19	
doceased (mo., day, yr.) October 30, 1889	Immediate cause af death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis	Dec. 1945	
9. Birthplace	Due to		
12. Name Wade McCoy  13. Birthplace Unknown	Other conditions		
14. Maiden name Unknown 15. Sirthplace Unknown	(Include pregnancy within 3 months of death)  Major fiadings of operations.		
16. Informant Gladys McCoy	Autopsy results		
Address 1627 Ashland Ave.,  17 Bute thereof (month) (day) (year)  Cemetery or crematory.	PHYSICIAN: Please underline the cause to which dealn should be charged  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location	tnjured at home, farm, Industry, public place (where?)		
Address 15/5 Meet Milles Address 15/5 Meet Milles Address 15/5 Meet Meet Meet Meet Meet Meet Meet Mee	23 SIGNATURE Roubers Applican, m.	7.	
19. (Date rec'd by registrar)  19 Debut V Local Registrar	Address Henryton, Md. Date signed	or other 6/30/	

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JUL 2 1946

MUREAU V.B.

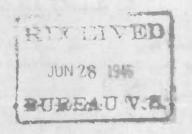
VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

NI ACT OF BULTH			
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Carroll		
Cily or town Harnet.  (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 5	City or town Harney (If outside city or town limits, writs RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Marjorie M. C Ohler	196-05-6656		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Divorced	20. DATE OF DEATH JUNE 24 19.46. at 7.45 P.M.		
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	MAY 17 19.46 to 30146 3/ 19.46		
7. Sirth date of	and that I last saw h. R.A. alive on JUNE 23 19.46		
deceased (mo., day, yr.) May 5, 1,898  8. A.G.F. Years   Months   Days   If less than one day	Immediate cause of death CANCER OF DURATION		
0. NGM.	DIGESTINE TRACT & PERITONEUM 8 MONTH		
48 1 19hrsmln.			
B. Birthplace Mary Land (Town, county, and state)	Due to CANCER OF BREAST, LEET LYCHR		
10. Usual occupation Housework . 37 7			
	Due to		
11. Industry or business	-		
12. Name. John W. Ohler	Other conditions		
13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Rosie L. Stiffler	Major fiadings of operations. REMOUAL LEFT BREAST.		
5 15. Birthplace Penna.	Major fiadings of operations.  HDENO-CARCINEMA Date of op. JULY 19,1945		
16. Informant Mrs. Raymond Reynolds			
	Autopsy results		
Address Taneytown, Md. R.D.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Evergreen Cemetery (month) (day) (year)			
	Where did injury occur?		
Location Gettysburg, Pa.	Injured at home, farm, Industry, public place (where?)		
1B. Funeral director. C.O. Fuss & Son	Means of Injury Injured at work?		
Address Taneytown, Md.	f. L Potte m.D.		
19 June 26 1946 Ethel MMehin	23. SIGNATURE		





1. PLACE OF D	OTT		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	nryton outside city or town lim	its, write RURAL and give nearest town)	State Maryland County Baltimore	•
How long in above place Hospital, Institution,	or street address where d	onth, 11 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town street No. 626 N. Carey Street	
Colorect How long in hospital	Branch,	Henryton, Md.	(If furat, give LOCATION)  2.(a) If veteran, name war	
3. (a) FULL NAM	ETTA PA		3. (b) Social Secu	rity Number
4. Sax	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	colored	married	20. DATE DF DEATH. June 4, 19.4	6 9.00P
7 Sigh date of		S Payne  6.6 Hallve, give age 45	21. I CERTIFY that death occurred on the date above stated; that I attended  April 23, 1946 to June  and that I last saw her alive on June 4,	4, 46
deceased (mo., day 8. AGE: Yea	,yr.) rebrua	Py 25, 1906  Days If less than one day	Immediate cause of death Pulmonary Tuberculosis	Dec.
9. BirthplaceS8	alisbury,	N. C.	Due to	1010
10. Usual occupation	Housewif	e	Due to	
至 12. Name	unknown		Dither conditions	
13. Birthplace	Unknown Unknown		(Include pregnancy within 3 months of death)	
14. Maiden nam 15. Birthplace	Unknown		Major findings of operations	
16. tnformant	Deceased			
Address	uffled on, of removal. Which?)	Date thereof. (month) (dxy) (year	an Trought Fact that the second and the second access till be the following:	67.3
Cemetery or crema	1101	as brung no	Where did injury occur?(City or town) (County)	
Location	Lati.	. O Adallic so	Injured at home, farm, Industry, public place (where?)  Meens of Injury Injured at work?	
18. Funeral director. Address 3	222/-	Chrida	23. SIGNATURE Realized Holeman?	n.D.
19. 6/4	registrar) 46	Charles Swams	M	f. D. or other gned 6/4/46

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VS A15



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-6

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)			
	State Maryland Coucty Baltimore			
City or town (if outside city or town limits, write RURAL and give nearest town)	City or town Catonsville (if outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 3 months, 12 days				
Hospilal, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium	Street No. 9 Jones Avenue			
Colored Branch, Henryton, Md.	(If rural, give LOCATION)			
	2.(a) If voteran, name war			
3. (a) FULL NAME	3. (b) Social Security	Number		
IDA MAE QUARLES	220-22-2	679		
4. Sex   5. Color or raco   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female colored married	20. DATE OF DEATH June 30. 19.46	.4.30**		
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended date			
	March 18. 18 46 to June 3 and that I last saw her alive on June 30.	10.,11.40		
7. Birth date of				
deceased (mo., day, yr.)  April 2, 1914  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death. Pulmonary Tuberculosis	Jan.		
o. Aut.	Fullionary Tuberculosis	1946		
32 2 28hrsmin.		1340		
S. Birihpiace	Oue to	***		
Heat care when				
10. Usual occupation Hectographer	Due to	***		
11. Industry or business	,,	•••		
12. Name David A. Thorne	Other conditions			
2 13. Birthplace Dayton, Md.	(include pregnancy within 3 months of death)			
14. Malden name Eliza Jane Clark				
	Major findings of aperations.			
	Dale of op			
16. Informant Deceased	Antopsy results			
Address	PHYSICIAN: Please nuderlise the cause to which death shootd be charged	d statistically,		
1112 en her 111012 1946	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Rurial cremation or removal Which?)	Accident, suicide, or homicide			
Cemetery or crematory Brown Chafel	Where did injury occur?	(State)		
North mid.	Injured at home, farm, industry, public place (where?)			
Location	Means of Injury Injured at work?			
18. Funeral director Hale Rullian	means or many			
Address 322 Shoreoter Shreet	1. 0. Hore - m 7			
	23. SIGNATURE Carley Hoffman, m.D.	or other		
18 6/30 18 46 albert R Swanshas	Henryton, Md. Dale signed			

JUL 2 1946 RUREAU V.S.

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Reg. Dist. No.

05870

### CERTIFICATE OF DEATH

1. PLACE OF DEA	TH: Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
				State Maryland County Carroll	
			URAL and give nearest town)	City or town Middleburg (If outside city or town limits, write RURAL and giv	
How long in above place Hospital, institution, or	of death?	.tetim	e	(If outside city or town limits, writs RURAL and giv	e nearest town)
nospital, institution, or	Ziteet Saate22 Muete	death occurre	•	Street No	
How long in hospital or	institution?			2.(a) If veteran, name war	
3. (a) FULL NAME			Principle of the second of the	3. (b) Social Secu	
J. (a) 1022 MANA		T	Dodalom		Iny Number
4. Sex	1VIEL I'Y		Reisler e, married, widowed, or divorced	None MEDICAL CERTIFICATION	
Female	White	Wi	dowed	20. Date of Death June 29-1946	A · N
	. Jess	e Rei	sler	21. I CERTIFY that death occurred on the date above stated; that I attended	
				June 28 146 10 Jun	428 1946
7. Birth date of	0 - 4 - 3		c) If alive, give ageyears	and that last saw h er alive on the 2 &	1146
deceased (mo., day, y	.) Octob	erij	-1070	Immediate cause of death	DURATION
8. AGE: Years		Days	If less than one day		*********
75	8	16		Ravels. Inbetin	***************************************
9. Birthplace	Carroll	County, and	y Maryland	Due to	***************************************
1D. Usual occupation	Housewif	e	***************************************	Due to.	•••••••
11. Industry or business	At Ho	me		Buc tu	
		Lynn		Other conditions	
	Maryland		•		
<b>E</b>			у	(Include pregnancy within 3 months of death)	
	Maryla		<b>y</b>	Major findings of operations	
				Date of op	
16. Informant	iss Grad	e Lyn	n	Autopsy results.	and approximately
Address M	iddlebur	g Ma	ryland	PHYSICIAN: Please underline the cause to which death should be cha	rged statisticany.
17. Buri		-	eof July 1-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
				Accident, suicide, or homicide	
Cemetery or cremato	yMounts	in Vi	ew Cemetery	Where did injury occur? (City or town) (County)	(State)
Location	Union E	ridge	Maryland	Injured at home, farm, Industry, public place (where?)	***************************************
18. Funeral director				Means of Injury Injured at work?	
			w Windsor Md	23. SIGNATURE J. S. L. L. 9	
			1 N M //	23. SIGHATURE	. D. or other
19 house -	30 19 40	- /	Sichman Registrar	Address Kenon Brites Bate si	med (at 29-46

JUL 3 1946
BUREAU V.S.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6)

# CERTIFICATE OF DEATH

05871 P
Reg. Dist. No. 7 4

<u></u>	Tog. Dist. Milliaminanianianianianianianianianianianianian			
1. PLACE OF CARROLL Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)			
City or town	State Gounty Carroll Co.			
How long in above place of death?	(If outside city or towo limits, write RURAL and give nearest town)			
	Street No			
How long in hospital or institution?	2.(a) If veteran, name war.			
Carrie Viscourie Views	3. (b) Social Security Number  None			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH 19 21 12 A M			
8.(b) Name of husband or wife Catharine	21. I CERTIFY that death occurred on the pate above stated; that lattended deceased from			
7. Birth date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)  2. 4. 5. 6. 9	and that I last saw h J. A.A. alive on 5 19			
8. AGE: Years Months Days If less than one day 26hrsmln.	Immediate cause of death  DURATION  Lyngma Declaris  244			
9. Birthplace Boldmort (Town, coucty, and state)	Due ta Jugges lenser			
10. Usual occupation. Allered  11. Industry or business Income Pay. agent	Due to The lesson lesson			
12. Name Alleman Henry Remeter  13. Birthplace	Diher conditions Our einonga			
14. Maiden name Mary a. Rutter	(Include pregnancy within 8 months of death).  Major findings of operations.			
16. Informant Catharine a Rember	Autopsy results.			
Address Elglachurs 8. Carroll VCo.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
(Borial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
Cemetery or crematory 1 t Olives Cens.	Where did injury occur?			
Location Paltimple	Injured at home, farm, industry, public place (where?)			
18. Funeral director Was Cook Since	Means of Injury Injured at work?			
Address /217 St Due 1 A.	23. SIGNATURE THUS LAND			
19. (Data ree'd by recistrar) Boxistrar	M. D. or other			

RESERVED FOR BINDING

VS A15

-MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

*	,	4	U	5	8	7	2
X		3					44

Reg. Dist. No.

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female white wodowed  5.(b) Name of husband or wife Ernest A. Richardson 20. DATE DF DEATH June 26, 1946, 195  7. Birth date of deceased (mo., day, yr.) October 20, 1869  8. AGE: Years Months Days if less than one day 76 8 6	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 1713 Bolton Street (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number				
6.(b) Name of husband or wife Ernest A.Richardson  6.(c) If alive, give age years  7. Birth date of decessed (mo., day, yr.)  8. AGE: Years Months Days if less than one day	. 1				
7. Birth date of deceased (mo., day. yr.)  8. AGE: Years   Months   Days   If less than one day   April   13   1937   10   June   26      Immediate cause of death   Immediate cause of	15 P.M				
8. AGE: Years Months Days If less than one day	1946				
76 0 6 hm min Consequence 2	DURATION				
/O O O O O O O O O O O O O O O O O O O					
	ll yrs				
9. Birthplace Baltimore Maryland (Town, county, and state)  10. Usual occupation Due to Due					
12. Name Charles H. Cobb Other conditions Psychosis with cerebral Arteriosclerosis					
	1P yrs				
14. Major findings of operations.	Majar fiadiags af operations				
16. Informant Hospital Records Autopsy results.					
Address Sykesville Maryland	cally.				
Address Syresville Maly 1911  17. Ordered Maly 1911  (Burial, cremation, or removal, Which?)  Cometory or crematory.  Date fhereof (month) (day) (year)  (month) (day) (year)  Where did injury occur? (City or town) (County) (States)					
Location Location Injured of home, farm, industry, public place (where?)					
18. Funeral director Williams Cook See.  Address 12/749. Parel 9.  19. C. Helle Elsen  Registrar  Address 44 Red Left M. D. Daje signed 6.					



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Acg. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother).
City or town (If outside city or town limits, pole RURAL, and give nearest town)	State Many County County
How long in above place of death? Tell has lefe	(If outside city or town limits, write RURAL and give mearest toyn)
Hospital, institution, or street address where death occurred:	Street No. 99 Lebestes St. 2x TA
gg Jang of med	(If rural, give MOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (4) FULL NAME	3. (b) Social Security Number
Joseph a neell Kickell	none
5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Widowed	20. DATE OF DEATH June 20 19 46 29, M
8.(6) Name of husband or wife. Annue C. Bernen Richall.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	10 10
deceased (mo., day, yr.) \ au 3 - 1879	and that I last saw h alive opp 19.
8. AGE: Years   Months   Days   It less than one day	Immediate color of death
67 5 17hrsmin.	Nemberrase Spans
1 who are to Course & med	- Malman kon
9. Birihplace (Town, county, and etate)	Due to.
10. Usual occupation Atticed Concert Contracto	
11. Industry or business	Oue to
	Chance Chalitas & Do
12. Name alland Cickell 13. Birthplace Wistrusite Carroll Co.	Other conditions Communications Communication Communications Communications Communication Communicat
14. Malden oame Mary C. Sunder	(Include pregnancy within 3 months of death)
15. Birthplace Christle Hed.	Major findings of operations.
m. D. h P.ol.	Date of op.
18. Informant MASS SAMPARA ST. COMMENT	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 99 Liberty At Web Musseles MA	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Barial cremation, or removal, Which?)  Date thereof (mostly) (day) (year)	Accident, sulcide, or homicide
At 1.0 contr	
Cemetery or crematory	Where did injury occur?
Location waster mayers.	Injured at home, farm, Industry, public place (where?)
18. Funeral director 2. S. Mages 1	Means of Injury Injured at work?
Address Oliver must Med.	PA lunaline
6/20 111 115-1	23. SIGNATURE M. D. Oroginer
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Registrar	Address Provinces Date signed Of The

DETERMINED TEMPTHACKS STAYS UNLESSAND

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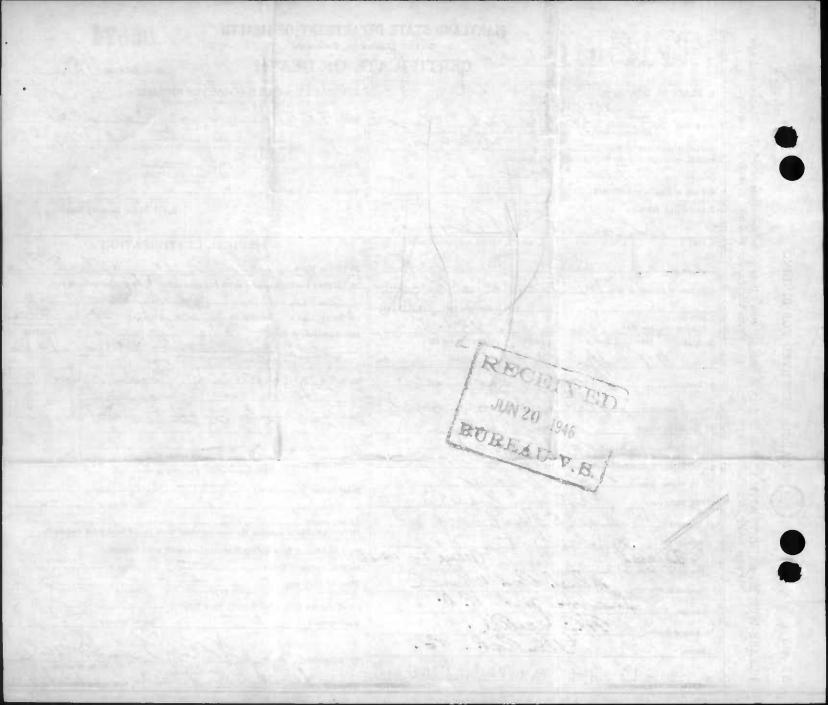
JUN 24 1946

BUREAU V.B.

05874

90 80	2411 N. Charle	s St., Baltimore (Ha)
rect	CERTIFICAT	E OF DEATH Rog. Dist. No. 7
carefully. The corearly and legibly.	1. PLACE OF DEATHY County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants over residence of mother)  State County
caref early	Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
ior clo	How tong in hospital or institution?	2.(a) If veteran, name war
information care	3.(a) FULL NAME Payer.	3. (b) Social Security Number
of of ses	4. Sex 5. Color or race 6.(a) Single, married, widoyed, or divorced make while married	MEDICAL CERTIFICATION  20. DATE: DE LA
ry if	S.(b) Name of husband or wife. Martha Trène Rayer	21.1 CERTIFY that death occurred on the date above stated: that t attended deceased from
FOR ly eve	7. Birth date of deceased (mo., day, yr.)    State   S	Immediate squee of death DURATION
Supply evelease write	8. AGE: Years Months Bays It less than one day	Cecite (Tellmoning Ollem 10 ho
N KESEK NG INK. sicians: pl	9. Sirthplace(Town, county and state)	Due to Hypertiniane Cardis reval?
	11. industry or business agreeture	Due to Severely alice
	12. Name guad layer 13. Birtherace mary layer.	Diher conditions
WITH UNF important.	14. Majdee name. Mary Jan.  15. Birthptace Sections levania	(Include pregnancy within 3 months of death)  Major findings of operations
LY, W.	18. Informant Russell Region	Autopsy results
PLAINLY, is especially	Address Manches to Mark 14 194  17 Buress Bale thereof (morph) (day) (year)	Accident, suicide, or homicide
TE P	(Burial, cremation, or semanal Witch?)  Cemetery or crematory	Where did injury occur?
WRITE	Location Security 18. Funeral director Of Security 18.	Injured at bome, farm, Industry) public place (where?)  Means of Injury  Injured at work?
VS A15	Address The Roch. Co.	23. SIGNATURE / Duff EBush Und
PL PL	19. Will 3 1946 W. A. P. J. Deure. Registrar	Address A Very solind rul Bate signed 6-11-46

MARGIN RESERVED FOR BINDING



correct age

1 PLACE OF DEATH.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

05875

Reg. Diat. No. 70

County Carroll	(For newborn infants give residence of mother)	
67 . +	State Maryland County Carroll	
(If outside cits or town limits, write RURAL and give nearest town)	17 1 4	***************************************
How long in above place of death? 10 months	City or town (If outside city or yown limits, write RURAL and give nearest	town)
Hospital, Institution, or street address where death eccurred:		
	Street No	****************
How long in hospital or institution?	2.(a) It veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security Num	ber
21	none	
Harvey R. Shryver		
4. Sex 5. Color or race 6.(a) Single tharried, widewed, er divorced	MEDICAL CERTIFICATION	=,
male White Willowed	20. DATE OF DEATH June 2 1 19 4 6 , 21	4,00°M
6.(b) Name of husband or wife Dertha & Shryock	21. I CERTIFY that death eccurred on the date above stated; that t attended deceased to	
R (c) If all you age years		19
7. 8 irth date of	and that I last saw halive on	19
deceased (mo., day, yr.) March 24, 1885	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day		
61227hrsmin.	Der or organist	
marilad	Due to.	
9. Birthplace (Town, county, and state)	Due to	
We tried Jahand		
10. Usual occupation / William James Mills	Due to	
11. Industry or business		
12. Name John Shryock	Other cenditions	
F		
	(Include pregnancy within 3 months of death)	
14. Malden name atherine and 15. Birthplace		
5 Son 1	Major fiadings of operatious	
	Date of op	
16. Interment DIS 17 A Mc Vaugh	Antopey results	
1 1 0	PHYSICIAN: Please underline the cause to which death should be charged statis	lically.
Address Laneytown, mo.	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
17 Durial Date thereof June 24 1946		
(Burial, cremation, or removal. Which?)  Date thereof (month) (gay) (year)		
Cemetery or crematory Seyswille Constley	Where did injury eccur?	
Location Light Still Myd.	Injured at heme, tarm, Industry, public place (where?)	
18. Funeral director ( D Suss V Jon)	Means et injury Injured at work?	10
1 + 1 -	1 2 50 1. 41	4.
Address Janey town, Md.	a comment dues ? Tharsh Petuty Thedres	Lexamore
Sand 11 11/2 Gtt. ONI Walson	23. SIGNATURE M. D. or ot	
19 Time I at 19 Ti	Address Washington The Date signed In	ue 21-40
(Date rec'd by registrar) Registylar	Address Date signed.	***************************************

SECEIVED
JUN 25 1946
BUREAU V.B.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

### CERTIFICATE OF DEATH

(15876 Reg. Dist. No.... 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giva residence of mother)
County Carroll	State Maryland County
City or town (If outside city or town limits, write RURAL and give nearest town)	Reltimore
2 months, 29 days	City or town
Hospital, institution, or street address where death occurred:	Street No. 19 N. Spring Street
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)
Hospital Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
	3. (b) Social Security Number
HENRY SQUARE	217-12-5549
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored married (Ap).	20. DATE DF DEATH June 7, 19 46 at 2.50P
6.(b) Name of husband or wife Ollie Square	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Name of husband or wife	March 8, 1,46 to June 7, 1,46
7. Birth date of Nome 15 1900	and that I last saw h im alive on June 7,
deceased (mo., day, yr.) March 15, 1898	
8. AGE: Years   Months   Days   If tess than one day	Pulmonary Tuberculosis July
48 2 22hrsmin.	1944
9. Birthplace Cape Charles, Va.	
(Town, county, and state)	Due 10
10. Usual occupation Truck Driver	
	Due fo
11. Industry or business	
單 12. Name Wesley Square	Dither conditions
3. Birthplace Cape Charles, Va.	(Include pregnancy within 3 months of death)
Hettie Sunkins	
in 19. Includi Helife	Major findings of aperations.
	Date of op.
16, Informant Deceased	Antapsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Aureal 6-12-46	22. VIOLENCE: if death was due to external causes, fill in the following:
	Accident, suicide, or homicide
not balone Dalto National	Where dld Injury occur?
Cemetery or crematory	
Location Clause Countries To o. Mar.	Injured at home, farm, Industry, public place (where?)
18 Eugen direct Welliain G. Jackson	Means of Injury Injured at work?
Address 916 Panna, an Balto. 1, md.	7 . 4.
Address 7/4 Vanna, Cho, parte, 1, 184,	23. SIGNATURE Lauleon Goffman m. D.
19. 6/7 (Date rec'd by registrar) De DULY LOCAL Registrar	M. D. of other
(Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md. Bate signed 6/7/46

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MARGIN RESERVED FOR BINDING

VS A15

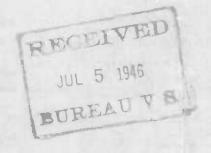
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County  City or town.  (If ontside city or town limks, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County  City or town (If outside city or town limita, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  6. (b) Name of husband or life.  6. (c) If alive, give age.  7. Birth date of deceased (mo., day, yr.)  8. AGE:  Years  Months  Days  If less than one day  hrs.  9. Birthplace.  7. Own, county, and state)  10. Usual occupation.	MEDICAL CERTIFICATION  20. DATE OF DEATH
11. Industry or business    12. Name	Olher conditions  (Inclode pregnancy within 3 months of death)  Majer findings of operations  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause te which death should be charged statistically.
17. Difficulty Bate thereof. (month) (day) (year)  Cemetery or crematory. (month) (day) (year)  Location  18. Funeral director. Editor (year)  Address Hampelland MA  19. Man 24. 19. 46. Mps. Mr. S. J. Neumen	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

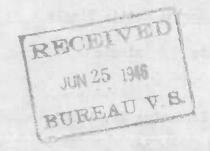


2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

3	115878	011
à	Reg. Dist. No	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Sykas ville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County	***************************************
	City or townBaltimore	book town)
How long in above place of death?	Street No. Monkton	
Springfield State Hospital	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security ?	Number
Martha Hettie Tingle		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white single	20. DATE DE DEATH	M.q0c
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
D (a) M allow advances	April 10, 1942 19 10 June 20	
7. Birth date of	and that I last saw h Or alive on June 20	
deceased (mo., day, yr.)  September 21 1864  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
81 8 30hrsmln.	General Arteriosclerosis	5 years.
	Que to.	•••••••••••••••••••••••••••••••••••••••
9. Birthplace	BUC 10	
1D. Usual occupation	Due to	••••
11. Industry or business		
12. Name John Tingle 13. Birthplace Delaware	Other conditions Psychosis with Cerebral	
13. Birthplace Delaware	Arteriosclerosis (Include pregnancy within 3 months of death)	5 years
14. Maiden name K. Clogg  15. Birthplace Delaware	Major findings of operations	
15. Birthplace Delaware	Date of op.	
16. Informant	Antopsy results	
Address Sykeaville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged a	itatisticany.
17. Burial Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide	00-1000-100-0000-100-010-110-100-00
Cemetery or or completery Taural Hill Counterry	Where did injury occur?	
Location Philacholphia Pa. 7	Injured at home, farm, industry, public place (where?)	
. ^	Meene of injury Injured at work?	
18. Funeral director Way S. Tiekner Thomas	^/	
Address Mo. + Pa. Ques. Baltwine 17, Mo	23. SIGNATURE 12. 17 Read M. D. C. M. D. C.	
18. Hoate rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Sykesyille Maryland Date signed	



#### MARYLAND STATE DEPARTMENT OF HEALTH

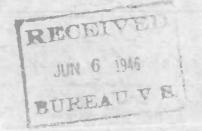
2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

05879 Reg. Diat. No. ..

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  6.(b) Name of husband eq. wife.  6.(c) If allve, give age	MEDICAL CERTIFICATION  20. DATE OF DEATH
8. AGE: Years Months Bays tiles than one day  6.5 5 7	Immediate cause of death.  My OC and all degeneration  Due to.  Muth Muth Missificiance  Bue to.
11. Industry or business  12. Name  13. Birthplace  14. Maiden name Dia Music Shey Land  15. Birthplace  Mary Land  Mary Land	Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations.  Oate of op.
Address & Spanie S. Mulson. M. G.  17. (Burial operation, or removal Which?)  Cemetery or crematory Carroll Co., Mal.	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director S. H. Susition Address  19. 6 - 4 - 18. 4 6 6 M. James  (Date ree'd by registrar)  Registrar	Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address  Address  Bate signed 6-2-4



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

05880

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants pro-residence of mother)  State
City or town	State Mary County Count
How long in above place of death?	(ix outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Service Watson	3. (b) Social Security Number  Nove
4. Sex 5/Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH Sure 24 19 46 at 9:00 P. M
(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate caose of death
68min.	boronory decise
9. Birthplace Mon Town, county, and state)	Due to
10. Usual occupation	Due to
[ 12. Name 기어	Dther conditions.
□ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
16. tatormant o him Magent	Autopsy results
Address New Windson Mag. 27-1946	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) (month) (jay) (mear)	Accident, suicide, or homicide
Commetery or crematory. Laster Location Collection Coll	(City or town) (Couoty) (State) Injured at home, tarm, Industry, public place (where?)
18. Fugeral director & D. W. Hartyler T. Sous	Meaos of injury Injured at work?
Cooner Budget New Whitson, mid	23. SIGNATURE June Thook Prote Thebreal examin
19. (Dife rec'd by registrar) 19.4.6 Casas & Base L. 17. Registrar	Address the treatment not Bate signed 6 24/46

MULTICAL CONTROLLES STATE-DES MEAN

JUL 6 1946 BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll  City of town Westminster RD I	Stale Maryland County Carroll
(If outside city or town limits, write RURAL and give nearest town)	Wasterington PD T
How long in above place of death? 40 years Hospital, inslitution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or Street Woodes's whole death occurred.	Sireet No
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Henry Willet	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH JUNE 3 19.46 21 2 A N
8,(6) Name of husband or wife Jane (Study) Willet  B.(c) If alive, give age 76 years  7. Birth date of deceased (mo., day, yr.)  December 5 1866	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1944 to 1946  and that I last saw homeonalive on 1946.  Immediate cause of death.
8. AGE: Years Months Days If less than one day	Cereman rumor - 3
79 6 28hrsmin.	mlinger
9. Birthplace	Due to secule decention tomos
11. Industry or business Farm	Due to
	Other conditions.
Henry Willet 12. Rame Henry Willet Adams County Penna,	
14. Maiden name Mary Stair	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Stair 15. Birthplace Adams Coynty Penna.	Major findings of operations.
16. Informant Mrs Cdur, Policy hear	Autopsy respits.
Address Westminster, Md. RD I	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial  (Burial, cremation, or removal, Which?)  Bate thereof June 5 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Union Cemetery	Where did Injury occur?
Location Silver Run Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director F. W. Little y Son.	Means of Injury Injured.at Work?
Address Littlestown, Pa. Per Or. A.L.	23. SIGNATURE RECESIONISMUS
(Date rec'd by Tegistrar)  (Date rec'd by Tegistrar)	Address



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= 40 CONTENT D. Comment

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# CERTIFICATE OF DEATH

2411	N.	Charles	St.,	Baltimore	(97
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			79
Dan	Dist	No	//

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carroll  Cliy or town Keymar-rural  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 50 yrs			•••••••••••	(For newborn infants give residence of mother)		
				State Maryland County County		
			URAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of Hospital, Institution, or st	death?	a death necurra		(If outside city or town limits, write RURAL and give nearest town)		
nospitas, institution, or st	ileet addiess witor	c gozin occurre		Street No		
How long in hospital or institution?				(If rural, give LOCATION)		
				3. (b) Social Security Number		
Mrs	.Celia M	Winemi	ller	none		
	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
-	ter			.5		
F	AA		married	20. DATE OF DEATH June 13		
6 (b) Hame of husband or	wife Geo	rge H.W	inemiller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Orfes name or unastant of			a) 14 allus alus ans	Janeson 37.18.46 to June 15 19.46		
7. Birth date of			c) If alive, give ageyea	and that last saw h and alive on		
deceased (mo., day, yr.)	Feb.	24,1812		Immediate cause of death		
8. AGE: Years	Months	Days	It less than one day	0		
74	3	21	hrsmlr	Spenal arterio Scherous		
9. Birthplace	Md			Due to.		
9. Birinpiaco	(Tow		state)			
10. Usual occupation	Housewi	ſe	***************************************	Que to.		
11. industry or business				016 (0		
	les Henn	or.		Au III		
E	TepII	Pa.		Dther conditions		
13. Birthplace	13. Birthplace Pa.			(Include pregnancy within 8 months of death)		
14. Malden name	Amelia C		***************************************	Major findings of operations		
14. Malden name 15. Birthplace		F	8.	Date of op.		
	ower U II	inamil11	AT /			
16. Informant			91.	Autopsy results		
Address R.D.	Keyma	II, Ma		22. VIOLENCE: It death was due to external causes, till in the following;		
17 Burial		Date the	eof June 18,1946. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following.  Accident, euicide, or homicide		
			(month) (day) (year)			
Cemetery or crematory. Methodist			***************************************	Where did injury occur?		
Location Middleburg, Md.				Injured at home, farm, Industry, public place (where?)		
1B. Funeral director C.O. FUSS & SON			Ţ	Means of Injury Injured at work?		
CONTRACTOR OF THE PROPERTY OF				9 1/ 70-		
Address TANEYTOWN, Md.				23. SIGNATURE M. D. or other		
19. Jane 18	19.46	(n	usy my Trees.			
Date rec'd by regi	strar)		Registra	Address Date eigned O		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HARGIN RESERVED FOR BINDING

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JUN 22 1946

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No. 75

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (g) FULL NAME	3. (b) Social Security Number
John Wasley Wisnet	
4.88x Wale White Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. 19.46 at 9'00 A M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10
7. Birth date of deceased (mo., day, yr.) Oct. 17. 1926	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Muitle.
19 / 28hrsmin.	
9. Birthplace Baltinian 60, Maryland (Town, courty, and state)	Due to
10. Usual occupation tarme Labor	Due to
11. Industry or business	
12. Hame. William H. Wisyer 13. Birthplace Baltigrane log. Wide	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Autheren Bedrich 15. Birthplace Bultimare 60. Md.	Major findings of operations.
\$ 15. Birthplace Dellimane 800. Ma.	Date of op
16. Informant William H. Wissel	Antopsy results
Address Millers Ma-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 6 - 18 - 46	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory. Beautiful	Where did injury occur? (City or town) (County) (State)
Location Tours Baltimary Loo. Ille	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Sceed While Saw	Means of injury Injured at work?
Address Mounchester Mid.	23 SIGNATURE ALLES , Thorack Defuly Melical Commune
19 Rule b 1946 ms W.R. f. Deure Date ree'd by registrar) Registrar	Address Prolumente Net Bate signed Cally 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 33

#### CEDTIFICATE OF DEATH

		~	7/
Reg.	Dist.	No.	1

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Ernest Holf.	3. (b) Social Security Number
4. Sex  5. Color or race 6.(a) Single, married, widowed, or divorced  Make  White  Married  6.(b) Name of husband or wite  6.(c) It alive, give age years  7. Sirth date of deceased (mo., day, yr.)  7. 1870	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that atlended deceased from  19. 4 5 19. 4 6  and that I last saw h
8. AGE: Years Months Days If less than one day    Hear	Immediate cause of death  Concerns of None and  Due to
12. Name. Atta Mof.  13. Birthplace Stumarty  14. Maiden name Mary & Roading  15. Birthplace Sumary  16. Interment Massie Story	Other conditions
Address Historical Part Hereot (month) (day) (year)  Cemetery or crematory Junetly Sulturn Com  Locallon Burband of Sur  Address Heltorical Machinel Mach.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
19. (Dato rec'd by/registra) 19 46 Allea Devot	23. SIDNATURE Quilles  M. D. or other  Address Westwinester Mr. Date signed 2 28 4

